

CHEMIST & DRUGGIST

The newswweekly for pharmacy

March 28, 1992



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GRASSES							
NETTLE							
FUNGAL SPORES							



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Four LPCs take PSNC to task

JIC rates up 4pc across the board

DoH seeks pay restructuring before settling

Substantial rise sought in hospital sector

Derby man struck off for script theft

All change for agency contracts

CPPE: a mission for learning

Dodd to stand down at May Unichem AGM



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CHEMIST & DRUGGIST

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Comment

Back in February, immediately after the Local Pharmaceutical Committee Conference, we commented: "This year's LPC Conference was even more of a damp squib than usual. It is customary for the negotiations to be at a 'delicate stage' or even deadlocked, but the current policy of keeping contractors in a state of total ignorance about what is being negotiated, and at what price, seems to negate one of its main purposes. LPCs lead contractors at a local level. If they are to be denied a meaningful input into their future, then why meet, other than to observe the Pharmaceutical Services Negotiating Committee executive go through their 'hear no evil, see no evil, speak no evil', routine?" It seems that we were not alone in reaching this conclusion!

This week four LPCs have written jointly to PSNC chairman David Sharpe expressing similar sentiments — others are expected to write to him along the same lines (p452): "We feel that it must surely be a waste of delegates' time... to assemble 250 delegates in London, only to announce that you were unable to reveal anything of the negotiations... and by being unwilling to disclose, in broad terms, the amount of your claim on contractors' behalf, you are denying delegates the accountability which they perhaps have every right to expect from their negotiating body."

Retiring PSNC financial executive Mike Brining adds fuel to the fire with his parting shot in PSNC's latest newsletter, saying the Conference was largely a waste of time and money (p453). "Its timing must be set in the context of the negotiating timetable so that a full and meaningful report can be given. The price of silence is loss of contractor sympathy and support, and pharmacy cannot afford such disharmony."

PSNC, as its secretary says (p452), is empowered to negotiate on behalf of contractors. PSNC or its members should actively solicit the views of LPCs before the negotiating round begins on policy matters and the price of NHS services. Negotiations could then be held in secret *until* the LPC Conference, when PSNC could reveal all if there was still deadlock with the Department. Local decision makers and the grassroots contractors would then have been involved in the contractual process to a degree which would have prevented the present confrontation with PSNC — one that may not have arisen anyway had more than 4 per cent been on the table!

Mike Brining also points to the Review Body route found in most other health professions as the sensible alternative to adversarial negotiations with only a Review Panel to turn to in dispute. Pharmacy has nothing to fear from independent review and should press the case.

LPCs critical of handling of pay talks by PSNC

It is a waste of time and contractors' money to assemble 250 LPC delegates in London, only for the Pharmaceutical Services Negotiating Committee to announce it is unable to reveal anything concerning the current round of pay negotiations.

So say four local pharmaceutical committees in a strongly worded letter to PSNC chairman David Sharpe, expressing their "serious dissatisfaction with the manner in which the current round of 'negotiations' has been both handled and presented".

Signed by St Helens & Knowsley, Devon, Oldham and Rochdale LPCs, the letter adds they are not alone in having serious misgivings about the negotiation process, and that PSNC can expect other LPCs to be voicing their objections.

The LPCs take Mr Sharpe to task for being unwilling to answer any questions on remuneration. "By being unwilling even to disclose in broad terms the amount of (PSNC's) claim on contractors' behalf, you are denying delegates the accountability which they perhaps have every right to expect from their negotiating body," he is told.

The position of chairman should involve keeping the electorate informed of objectives and progress, the LPCs maintain, and they object to the claim that revealing the negotiating position to delegates would prejudice the position. "We feel that playing one's cards close to one's chest only serves to fuel the frustration felt by contractors who can sometimes feel as if they are

being treated with contempt."

However, the LPCs recognise that there are positive aspects to the conference: resolutions must be debated and cultivating the goodwill of MPs and peers must be of advantage. A list of five "constructive suggestions" is put forward:

- Postpone the conference and dinner until the results of talks between PSNC and the Department of Health are known. PSNC would then be able to take contractors through the settlement and answer questions.

- The PSNC chairman should occasionally attend LPC meetings with the area representative, to meet local contractors and sample grass roots opinion.

- PSNC should consider using trained negotiators to secure desired objectives (as do the doctors and dentists).

- PSNC should acquaint members of both Houses of Parliament that the dinner is not subsidised by any drug company — a misconception in some quarters.

- PSNC should devote a special issue of its bulletin to the negotiation process, explaining the timetable, the parameters used etc. This may be of interest to the large number of young pharmacists who have little or no idea of how their remuneration is decided.

PSNC secretary Steve Axon expressed disappointment that the letter had been made public before PSNC had been given the chance to reply. "I would expect LPC correspondence with PSNC to be kept between those concerned," he said. Mr Sharpe is abroad this week, but will be replying in due course.

Responding to points raised by the four LPCs, Mr Axon recalled that in the recent past LPCs had

complained the conference was held too late and they were presented with a *fait accompli*. PSNC was also elected to negotiate on behalf of contractors in the best way it saw fit, he added.

Mr Axon also made the point that the PSNC newsletter regularly carried remuneration updates, as did the conference agenda sent to delegates. PSNC area representatives and officials were always willing to attend LPC meetings he said, and recalled last year's PSNC roadshow.

First evidence

PSNC deputy chairman David Billington, who met with St Helens & Knowsley LPC on Monday, told C&D that this was the first evidence of discontent the Committee had received. "The most difficult thing to do is negotiate against a backdrop of quiet from contractors," he said. "I would be pleased if other contractors would make their views known."

Mr Billington accepted that "keeping negotiations close to the Committee's chest had worked against us". Contractors should be drawn into the situation earlier, he believed, and the mood of the Committee suggested that this would happen next year.

Dr Keith Watson (Sunderland LPC) has circulated the letter to the 11 LPCs in the Northern Region, and says the general sentiments seem to be shared by the LPC officials he has spoken to.

"Over the years we have been unhappy with the conference and the handling of remuneration. We have already made our views known," he said. "We would like to see greater democratisation instead of an established group making the decisions."

However it was up to LPCs to come up with constructive suggestions, he said. Sunderland LPC were meeting on Tuesday night and Dr Watson expected to be communicating with PSNC.

Parties join battle over health

Controversy of the future of the NHS grew as the General Election campaign enters its decisive phase.

Prime Minister John Major again denied Labour charges that the reforms introduced by the government in April last year were the preliminary to the privatisation of the NHS.

He also recalled that the government had no intention of introducing fresh charges.

Both Labour and the Liberal Democrats renewed their promises to abolish GP fund holding so as to avoid the development of a two-tier NHS.

They also were in agreement that there should be no further increase in prescription charges.

4pc rise for all in 1992 JIC rates

Pharmacists, managers, and dispensing and shop assistants all get a rise of 4 per cent in the pay scales for 1992 agreed by the National Joint Industrial Council for Retail Pharmacy (England and Wales). The new rates become effective from April 6.

Minimum rates of pay for pharmacy managers now go from £10,839 to £13,212 (London £10,989 to £13,396) on a revised turnover band uplifted to allow for drug inflation at 12.2 per cent and RPI at 4.1 per cent.

Pharmacists also get a 4 per cent

Agreement for pharmacists (minimum annual salary scales)

Pharmacist managers

Weekly turnover	London	Provincial
£3,108-£3,416	£10,989	£10,839
£3,417-£3,757	£11,206	£11,058
£3,758-£4,136	£11,433	£11,280
£4,137-£4,550	£11,662	£11,502
£4,551-£5,019	£11,893	£11,734
£5,020-£5,504	£12,133	£11,968
£5,505-£6,052	£12,373	£12,205
£6,053-£6,660	£12,646	£12,450
£6,661-£7,326	£12,874	£12,702
£7,327-£8,058	£13,132	£12,954
£8,059 and over	£13,396	£13,212

Pharmacists

	London	Provincial
1st Year	£8,141	£7,996
2nd Year	£8,424	£8,282

rise giving them a minimum salary of £7,996 (£8,141). Rota payments have yet to be agreed.

An increase of £4.27 a week raises the minimum provincial shop assistant's weekly wage from £106.84 to £111.11. The same increase of 4 per cent is also applied to junior assistants.

The 4 per cent rise gives a 21 year old dispensing assistant a minimum weekly wage of £123.73 (London £124.47).

Special relief has been lifted to £4,503. The agreement permits an employer providing an essential pharmaceutical service and who is suffering special economic, financial or trading difficulties to apply for authority to pay up to 15 per cent lower rates if the combined NHS and counter turnover is less than £4,503 per week.

Agreement for dispensing assistants and shop assistants (minimum weekly rates)

Dispensing assistants

Age	London	Provincial
20	£121.35	£120.65
21	£124.47	£123.73

Shop assistants

Age	London	Provincial
16	£72.56	£72.21
17	£83.74	£83.32
18	£94.87	£94.43
19	£111.60	£111.11

Peaudouce pursue Swaddlers

Disposable nappy manufacturer Peaudouce have issued a writ against Swaddlers, manufacturers of Togs nappies, claiming infringement of their patented fastening system.

Swaddlers marketing director Brian Templeman says the writ will be "strenuously contested" and in the meantime the company will continue to manufacture and sell the product.

This is the latest writ in a long running saga. It follows a recent judgment for Peaudouce in the High Court on a similar action against Procter & Gamble's Pampers brand.

Peaudouce say that, following the judgment, they are examining all other brands with similar fastenings before deciding on any course of action.

PSNC: backs to the wall?

PSNC negotiators are expecting a revised remuneration offer from the Department of Health at what is likely to be the last negotiating meeting before election day on this Friday, March 27.

However, the offer will be conditional on reaching agreement on the restructuring of remuneration, on a phased basis if necessary, says PSNC financial executive Mike Brining.

The major changes which can be expected are the introduction of a flat rate professional allowance

which can be used as a vehicle for new role development, and a reduction in on-cost, he says in the latest PSNC newsletter. For the latter, consideration will have to be given to the treatment of high value prescriptions and a suitable revision of the period of treatment fee.

If an offer is made by the Department it will be considered by the Committee at its next meeting on April 11. At best new fee scales could be applied from May 1, with a lump sum adjustment for April.

If the offer is still considered

unsatisfactory, PSNC can carry out its threat of declaring a formal dispute and referring the matter to the Pharmacists' Review Panel, or return to the negotiating table. There is little likelihood of an improved offer if the Tories are returned to power, warns Mr Brining.

Deputy chairman David Billington said on Tuesday that the differences between PSNC and the Department were great and he would not be surprised if there was a reference to the Panel. "I do not think what the Department can make available is likely to be sufficient," he said. "It may not be a had thing to get the Panel involved. We have a very good case and have received a very poor offer."

● Writing what may well be his last column in PSNC News, Mr Brining says he hopes that in future years the PSNC will brief LPCs and contractors to a far greater degree as negotiations progress. "The LPC conference was largely a waste of time and money and its timing must be set in the context of the negotiating timetable so that a meaningful report can be given. The price of silence is the loss of contractor sympathy and support, and community pharmacy cannot afford such disharmony," he writes.

Licence fee reminder

The Medicines Control Agency has issued a reminder that the licence fee period for 1992-93 begins on April 1 and periodic fees will be payable for all licences current at that date. Licence holders wishing to avoid liability for a periodic fee must send notice of surrender by March 31. For future years, three months notice of surrender will be required by December 31 to avoid liability for the following fees year. The MCA will soon be giving details of fees payable from April 1, following proposals made in consultation letter MLX 185 last November.

Diabetics' diet update

The British Diabetic Association has updated its dietary recommendations for people with diabetes.

They are advised to follow a high fibre, low fat, low sugar diet. As before, the BDA says that special "diabetic" products are not necessary because they are usually no lower in fat than comparable foods and are often low in fibre too. "As long as the calorie or carbohydrate content is taken into account, a piece of ordinary cake or chocolate can be eaten, preferably at the end of a meal, without harm to diabetes control."

Other recommendations are:

- Avoid being overweight
- The main part of each meal should be made up of high fibre carbohydrate foods
- Eat less fat and exchange saturated fats for polyunsaturated and mono-unsaturated fats
- Increase intake of fruit and vegetables to 400g (almost 1lb) a day, including 30g pulses, nuts and seeds
- A small amount of sugar (25g), can be incorporated into a daily diet low in fat and high in fibre
- Limit total salt intake to about a teaspoon a day, including salt in manufactured foods
- Avoid high protein intakes as there is a suggestion that this may slow the progression of kidney disease.

GPs reject dispensing option

Almost three quarters of general practitioners rejected the option to be able to dispense to their patients, says a survey published by the British Medical Association last week.

Currently 15.6 per cent of doctors provide a dispensing service, according to the survey carried out for the General Medical Services Committee, but 27.7 per cent of the sample said they would like to do so. The survey was sent to 36,396 GPs and got a 70 per cent response.

Picking up on the issue, David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, said: "The survey clearly indicates the majority of doctors recognise that pharmacy and medicines are two distinct professions. It puts to rest claims by some doctors that all GPs want to dispense. Indeed what is needed is not more dispensing by doctors but the replacement of such doctor dispensing as already exists with a full pharmaceutical service."

The PSNC view had been supported by the recent report on "Pharmaceutical care: the future for community pharmacy".

Hospital pharmacists seek 'substantial' pay rise

Hospital pharmacists have put in a claim for a "substantial" pay rise for 1992-93, without specifying a percentage. They are also seeking a reduction in the working week from 39 to 37 hours, bringing them into line with most other pharmacy staff.

The Pharmaceutical Whitley Committee staff side believes that the pay spine established by the 1991-92 settlement should be enhanced from April 1 to take account of inflation, and to recognise the efficient ways in which hospital pharmacists have developed services to the benefit of patients and employing authorities.

"The implementation of 'The Way Forward' circular, the benefits derived from pharmaceutical advice and influence on drug budgets, and the growing attention to the hospital/community interface are examples of the innovative approaches adopted by hospital pharmacists in the current era of changes in the NHS", the staff side says in a letter to the management side secretary, Scientific and Professional Staffs Council.

The letter adds it is important that hospital salaries should not be subject again to the negative differential that existed until

recently in relation to other branches of the pharmacy profession. The staff side believes the same percentage rise should apply to the pre-registration graduate rate, the locum tenets fee and the rates of pay for sandwich course students on practical placements in pharmacy departments. The staff side also seeks the same increase in London weighting allowances from April 1.

Staff side chairman Bob Timson told C&D that no specific percentage had been mentioned because so many factors were involved this year, but the negotiators were hoping for a settlement at least as good as other professions allied to medicine. An "open forum" meeting was planned for April 7 between the management side and staff sides of pharmacy together with other related NHS groups such as pathology technicians. The meeting, which might be delayed because of the general election, would set the scene and give some indication of the increases they might expect. The individual professions would then negotiate separately, hopefully in late April or early May.



Derby pharmacist struck off for forgery

A Derby pharmacist stole two prescription forms, forged his GP's signature on them and attempted to obtain expensive drugs free, the Royal Pharmaceutical Society's Statutory Committee heard last week.

But Mr Parminder Bahia's attempts to use the prescriptions to get the drugs from a pharmacy in Birmingham — claiming they were for his ageing parents — were foiled when the Birmingham pharmacist and his wife became suspicious, the hearing was told.

The pharmacist and his wife noted the registration number of Mr Bahia's car, confirmed with the GP that he had not issued the prescriptions and called police.

Following his arrest, Mr Bahia,

of Blagreaves Lane, Littleover, Derby, pleaded guilty at Derbyshire & South Derbyshire Magistrates Court in May 1991 to three offences.

He admitted stealing the prescription forms and attempting to obtain pharmaceuticals worth £207 from the Mirage Pharmacy, Birchfield Road, Perry Barr, on December 20, 1990. He was fined a total of £300 with £30 costs.

Detective Constable Peter Webster of the Derbyshire Drug Squad, told the Committee it had not been possible to ascertain how Mr Bahia came to have the two blank prescription forms from his GP. Mr Bahia had claimed he was in Birmingham for other reasons and forged the GP's signature while sitting in his car outside the pharmacy, on the spur of the moment.

Mr Bahia told the Committee that the two prescriptions had arrived among a batch of normal prescriptions and he had put them in his car, intending to return them

to the GP at his surgery.

On the day of the offences he had driven to Birmingham to buy items for Christmas and for his wife who was expecting their second child. He described the offences as a "childish prank" which had not been pre-planned. He could not explain his out-of-character behaviour, although he had been suffering some stress from family matters.

The Committee decided that Mr Bahia's name should be erased from the Pharmaceutical Register. Chairman, Gary Flather, QC, said the Committee accepted Mr Bahia's version of how he came by the blank prescriptions but they should have been returned to the GP immediately.

Any criminal offence involving forgery was serious and it became more serious when it involved a pharmacist using his knowledge in the furtherance of a criminal act involving another pharmacist. Mr Bahia has three months to appeal against the decision.

PAGB still pushing POM to P

Plans by the Proprietary Association of Great Britain to set up its own working party on POM to P issues have been overtaken by events.

The Medicines Control Agency, prompted by industry pressure, reviewed its procedures for deregulation at the beginning of the year. The Department of Health has on a number of occasions stressed its support for a wider range of medicines to be available through pharmacies, most recently in the working party report on the future for community pharmacy.

The PAGB, supported by the Royal Pharmaceutical Society, is now pushing strongly for further progress, since all parties would appear to share a common goal. "If something does not come from all this interest then we would be very disappointed," a PAGB spokesman said this week. "The time would appear to be right."

Study boosts asthma care in pharmacy

Community pharmacists can play a useful part in monitoring asthma care, a study at Queen's University of Belfast has shown.

Pharmacists in one practice took finger-prick blood samples of 37 asthmatics taking theophylline, assessed their peak flow and checked how they used any inhalers. Three-quarters had sub-therapeutic levels of theophylline and 8 per cent had levels above the therapeutic range. A year later, peak flow had improved and most patients had satisfactory blood theophylline levels after GPs accepted the pharmacist's dosage advice.

In a second study, based in a health centre pharmacy, the pharmacists provided an asthma care service to 152 patients over two years, instructing them on inhaler technique, measuring peak flow and checking symptom diaries when they presented prescriptions. Poorly controlled patients were referred back to their GP with a recommended change in therapy or dosage. Preliminary results, to be published soon by the University's practice research group, showed a significant reduction in symptoms as the study progressed.

● The total anti-asthma market was worth \$1,437 million in 1990 — about a third of the global total — and is forecast by Frost & Sullivan International to rise to \$2,841m by 1996. The market structure is changing as the importance of prophylactic anti-inflammatory therapy increases relative to bronchodilator treatment, says the company in a new report, "The European Market for Asthma Therapies" (\$3,500), which is available from 071-730 3438.

Babymilk sales to switch from clinics to pharmacies?

Regional Health Authorities are to be encouraged by Government to switch the sales of powder-based infant formulas from clinics to pharmacies.

Chemist & Druggist understands the Infant Dietetic Food Association has reached agreement in principle with the Department of Health to move the health clinic Food Welfare token and sales business, worth some £30 million at retail, to community pharmacies.

The move is seen in industry as an opportunity for pharmacies to add volume and value sales. Although some health clinics have

undercut pharmacies in the past in varying amounts, the differential is not expected to embarrass pharmacists.

The move co-incides with a change in the voluntary FDF code, which up till now has prevented pharmacists from officially giving advice on infant feeding. Recognition of the pharmacists place in the advisory chain is sanctioned in a new EC Directive, which will be published in six to nine months and will come into force in two years.

The FDF Code was based on a WHO Code which in the UK will be superseded by the EC Directive.

Prepayment scheme working well in Hereford

Pharmacists in the Hereford & Worcester area have been successfully selling prepayment certificates on behalf of the FHSA since the beginning of February.

The scheme has been well received by the public, says Local Pharmaceutical Committee secretary Eric Giles. The LPC will soon be talking to the FHSA about converting the administrative savings it has made into reimbursement for contractors.

Over 90 per cent of pharmacies in the FHSA area are participating in the scheme voluntarily at present. Renewal notices sent out by the FHSA now notify patients that they

can buy a certificate from their local pharmacy, and this has boosted sales, says Mr Giles.

Under the system adopted by the LPC, the FHSA provides the pharmacist with application forms, four and six month certificates and a summary form with space for the details of 12 patients.

When 12 certificates have been sold the summary sheet is sent to the FHSA and the amount of money taken deducted from next month's NHS cheque.

Proposals for remuneration are speculative at the moment, says Mr Giles. Suggestions have included 10 per cent of takings and a fee of £2.

Drug addicts: 1991 figures

The number of drug addicts notified to the Home Office increased by 17 per cent — much the same rate as in the previous three years — to almost 21,000 in 1991.

The proportion addicted to heroin, the most frequently reported drug, fell from 80 per cent to 70 per cent, while those reported to be dependent on methadone increased from 30 to 40 per cent.

The proportion of addicts injecting drugs fell from 65 per cent in 1990 to 59 per cent in 1991. However 900 injectors were aged under 21 and will have started injecting after information about HIV/AIDS became available.

Home Office Statistical Bulletin 6/92 (ISSN 0143 6384).

Regulations consolidated

The NHS (General, Medical & Pharmaceutical Services) Regulations will be consolidated from April 1, to incorporate all the amendments made since the original Regulations in 1974.

The consolidated regulations have been split into two, and will be published as the NHS (General Medical Services) Regulations 1992 and the NHS (Pharmaceutical Services) Regulations 1992.

Schedules 3A and 3B will be renumbered as Schedule 10 and Schedule 11. These are, respectively, the drugs and other substances that GPs cannot prescribe at NHS expense, and drugs that can be prescribed on the NHS only in certain circumstances.

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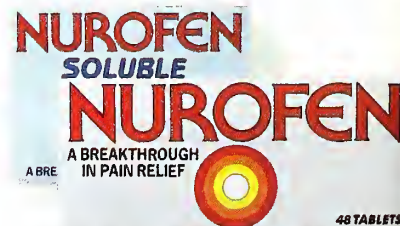
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Gossain case dropped

A doctor and his pharmacist wife accused of cheating the NHS of thousands of pounds, walked free from Isleworth Crown Court last week when the prosecution dropped the case against them.

The credibility of a chief prosecution witness was seriously dented when it was learned he had been arrested in December and faced trial for dealing in stolen pharmaceuticals. Sundeep Amin, who ran the pharmaceutical supplier Norast Ltd, told the court the firm was now in liquidation and he was personally bankrupt. He was one of the main suppliers to the pharmacist in the dock.

In the second week of the trial of Dr Jagdeep Gossain and his wife Shaishi, prosecutor Duncan Munro-Kerr was obliged to offer no evidence on the eight joint charges of deception that they faced. Earlier Mr Amin declined to answer certain questions on legal advice.

The doctor and his wife denied seven joint charges of dishonestly obtaining cheques from Ealing Hounslow and Hammersmith Health Authority between June 1987 and October 1988, and one of attempting to obtain a cheque (C&D last week p423).

Originally they stood trial at the court in November, before Mr Amin's arrest. The trial was in its third week when Mrs Gossain's counsel had to withdraw "professionally embarrassed". The trial re-opened last week. This time several "patient" witnesses, asked to recall prescriptions from many years ago, were losing their memories of events. But it was Mr Amin's evidence and his reluctance to answer questions, that finally put paid to the legal process.

Although the doctor and his wife walked free today they may not yet be fully out of the woods. Both have professional bodies who have been watching the case and have yet to decide on any action.

Boots settle out of court

Boots the Chemists and a family GP have agreed to pay £120,000 damages in settlement of a patient's claim that she suffered brain damage as a result of being prescribed an overdose of an anti-chillblain drug.

The medical negligence action brought by Mrs Joan Edwards, 64, of Simmons Way, Whetstone, had been scheduled for a five-day hearing in the High Court recently.

Whetstone GP Dr Barbara Howells and Boots plc were sued over the prescription and dispensing of the drug Sterogyl-15. Both denied negligence. The alleged overdose was said to have led to an excess of calcium in the blood and brain damage.



Thumbs down for sugar-free gum

I have always been vehemently opposed to gum chewing, and definitely view it as an antisocial habit, to be discouraged whenever possible. The idea of having to endorse and recommend its use for health reasons fills me with horror but that, apparently, is the underlying suggestion of a recent *Drugs and Therapeutics Bulletin* report (C&D March 21, p430), which confirmed that the chewing of sugar free gum by children did in fact reduce the incidence of tooth decay.

My objections to the habit would not be so vociferous if the perpetrators would keep it to themselves, and dispose of the residue in a suitably sanitary manner, but to drop gum in the middle of my carpet — and thereby allow its insidious resins to be distributed far and wide on the footwear of the next customer — is guaranteed to raise my blood pressure. It is virtually impossible to disentangle it from the carpet, and the evidence for its persistence is witnessed by the numerous, shiny dark patches which no amount of Stain Devils or commercial cleaning has ever managed to dislodge.

No! At the moment I would prefer not to recommend the chewing of gum. The real answer is to educate children in good dental hygiene, and for the manufacturers to invent a biodegradable gum. Then, and only then, I might advocate its use!

Marketing gels!

The world of commerce is a funny place, where it is necessary for the same product to be dressed in different clothing in order to sell to each new target audience. I have often attacked the marketing of these "me too" products since they increase my capital investment, but I have to admit that often they do expand the market.

Last week saw the launch of Ibuleve Sports Gel, identical in formulation to Ibuleve Gel, but packaged to appeal to a younger market. I am sure it will sell well, and understand its marketing rationale, but I still resent having to stock a double range of the same product. Perhaps Dendron could take a leaf out of the Dimotapp book. Now here is a true multi-purpose medicine. "Cold or hayfever sir?" no problem... "As long as you hold the packet the right way round when you take out the tablet, it will help either!"

Family focus only for pharmacy?

Another excellent feature in last week's C&D on commercial opportunities in the world of photography. As usual my latent David Bailey instincts were fired with a new-found zeal, but past experience has never matched my enthusiasm, and over the years I have been singularly unsuccessful in developing my photographic equipment business.

I have concluded that my small shop will never be able to sell competitively the exotic dreams sold by specialist dealers, so I now concentrate on the lower end of the camera market, offer a competitive 24-hour developing and printing service, and keep a well-displayed range of Kodak and own-brand film. The days of living dangerously at the other end of a 200mm lens have now gone for good, but my bank manager is a happier man. I concentrate on those areas of family photography that produce a steady, worthwhile turnover, without the risk of capital losses, and have concluded that this is the way forward for similar community pharmacies.

An extension to our service?

Light hearted it may have been, but Dr Keith Hopcroft's suggestion in MIMS (see C&D, p421 last week) that pharmacists should be more involved in the supply of contraceptives, is worthy of further study. I certainly would not advocate the use of my private counselling facilities to explain the distinguishing features of the various condoms on the market, yet those same facilities have saved embarrassment to many a genuine inquirer.

The natural extension to contraceptive advice is the supply of the products, and the acknowledged safety of the contraceptive pill must make it suitable for supply through pharmacies, if not "on demand", then certainly after the initial assessment has been completed by the general practitioner. At the present time GPs should monitor patients once every six months, but it is questionable whether a full medical examination is required every time and, even now, in reality it rarely occurs.

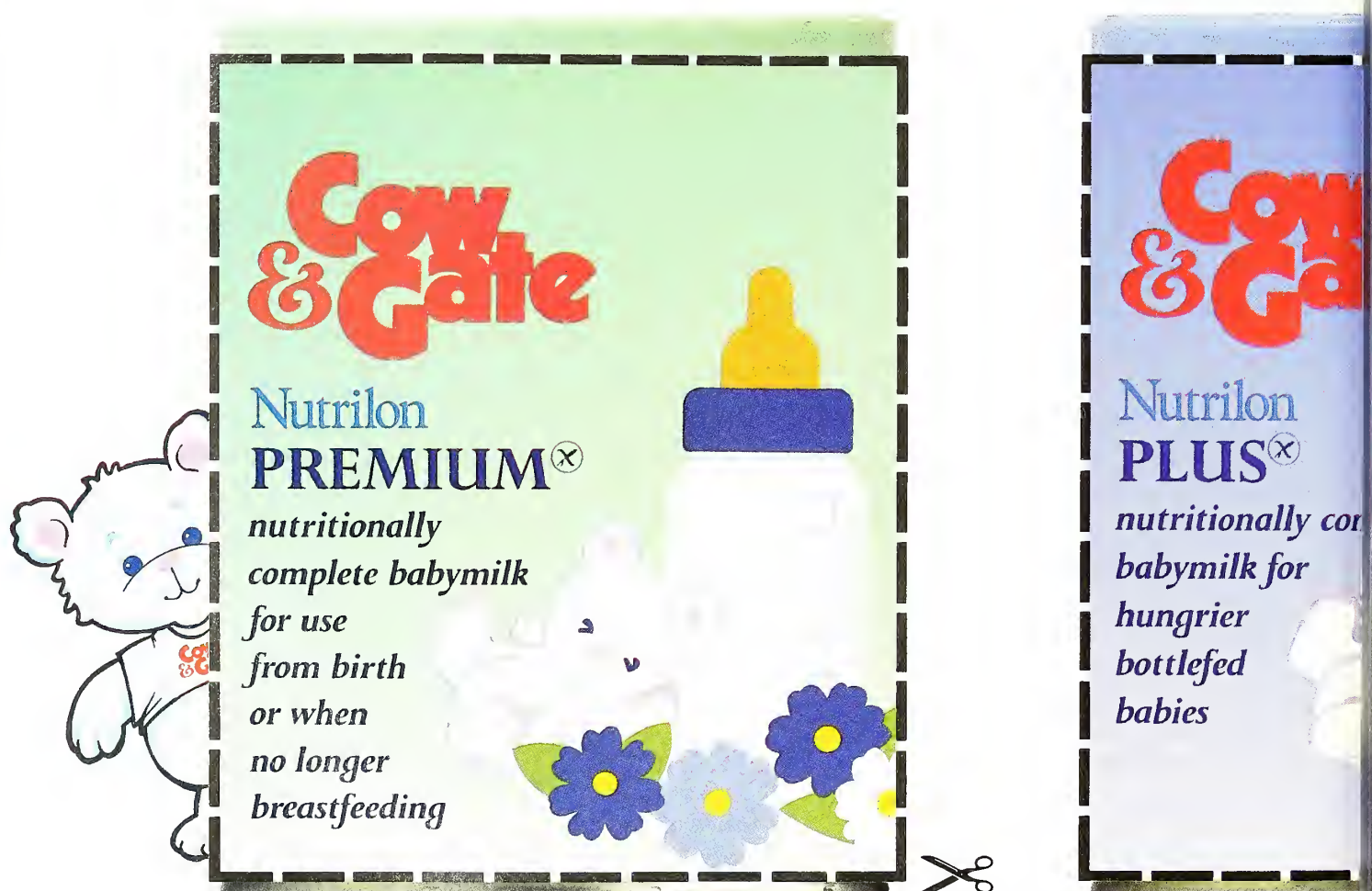
The pharmacists' role could be constructively extended to the supply of repeat supplies of oral contraceptives from accredited pharmacies, where a verbal monitoring and blood pressure examination would be performed before each authorised repeat supply. These reports could then be submitted to the patient's GP until the authority expired, when the patient would be referred back for a full medical examination. This system would be more convenient for the patient, save the doctor time and show how the pharmacist can become an integrated member of the primary health team.

Topical REFLECTIONS



Introduces a new name and a new look that's a

Cut along the dotted lines, position over current stock
...and watch your sales grow!



Cow & Gate is about to brighten your shelves with a rainbow of colour...and a potful of increased sales. Here's how.

A new name!

We've added the name 'Nutrilon' to all our Premium and Plus infant milk formulas – for uniformity and ease of recognition across Europe.

And, for further continuity, Nutrilon Soya is the new name for Formula 'S'.

A bright new look!

We already know from extensive research that mothers love our bright new look. It has more impact and it's functional too. Nutrilon Premium is distinguished by its pastel green tin with the

...
ut above the rest



small bottle, for use from birth. Nutrilon Plus is in pastel blue, with a larger bottle because it's for hungrier babies. And Nutrilon Soya is in the pastel orange tin with bottle and tumbler illustrations to show that it is suitable for infants, children and adults.

Same Trusted Formulas!

You'll be pleased to know that inside the tins are still the same infant formulas that parents have grown to trust. If parents ask you, do reassure them that the formulas have not changed; neither has Cow & Gate's position as market leader.



The Babyfeeding Specialists

Counterpoints

Swaddlers ring the changes

Swaddlers have launched Ultra Togs Changes, a range of five nappies designed to meet a baby's growing needs, including a new Night-Time variant.

The nappies feature improved absorbency and fit, bigger tapes and leak shields. The range comprises: Newborn (0-2 months) (52s); Infant (2-6 months) (38s); Toddler (6-18 months) (34s) — available in boy/girl variants, and Child (18 plus months) — also available in boy/girl variants. Packs are compressed and will retail at £5.99 each.

Swaddlers have also developed a Night-Time nappy (12-24 months), with extra absorbency for older babies during the night. Research revealed that 80 per cent of mothers questioned wanted a



night-time nappy. It will retail at £3.49 for 16.

All products feature new packaging. Detailed information about the nappy range will be featured on the back of pack. The night-time variant will be colour-coded lilac.

Changes will be supported

by a £4 million spend, which will include a six-month television campaign, Press advertising, sampling and on-pack offers.

Point of sale material, including posters and shelf strips, will be available. Swaddlers UK Ltd. Tel: 091-482 5566.

Good news for self-medication

The OTC self-medication sector is expected to grow by over 20 per cent between 1991 and 1995. And the strongest growth will come from the UK at an estimated 56 per cent, according to a new study on Europe's self medication market by industry analyst James Dudley.

While most industry studies attack the owner-managed pharmacy as an inefficient monopoly, the report shows that pharmacies are clearly responding to change in most European countries.

They are achieving this by forming buying groups and aligning with wholesalers to increase their buying competitiveness, while also improving shelf space utilisation and offering a wider choice of merchandise.

In the UK, the switch from pharmacy to supermarket has now largely stabilised, with food multiples accounting for less than 20

per cent of OTC medicine sales.

In fact the threat posed by mass merchandise outlets is greatly overstated, says the report — the threat is much more likely to come from drugstores and pharmacy chains.

The study goes on to set out its key criteria for the switching of Prescription-only medicines to Pharmacy-only. These include:

- A strong prescription base
 - A marketing opportunity large enough to support high and sustained marketing investment
 - Being first in and best marketed
 - Linking an excellence in marketing to clinical support and production expertise.
- Self-medication in Europe - a strategic analysis for the 1990s by James W. Dudley, 22 Copperfields, West Wycombe Road, High Wycombe, Bucks, HP12 4AN. Tel: 0494 525385.*

Summer's Eve in the Spring

Summer's Eve, a range of hypo-allergenic, intimate bodycare products already popular in the US, is being relaunched here by E.C. de Witt & Co.

The range comprises Feminine Wash (£200ml, £2.40), a non-soap liquid intimate cleansing wash for the external vaginal area; Feminine Powder (200g, £2.40), an intimate absorbent powder made from cornstarch; and individually-wrapped, flushable Intimate Cleansing Cloths (£2.40 for 16). All products are said to have a light, hypoallergenic fragrance.

The range will be supported by a £1 million campaign from May. Some pharmacists have received trial-size samples. An introductory offer of free trial packs is available when orders are placed.

The range is positioned as an alternative to a woman's usual bathroom routine. Summers Eve is brand leader in the US, where 45 per cent of women use intimate hygiene products. E.C. de Witt & Co Ltd. Tel: 0928 579029.



Numark babycare promotion for April

Numark are offering members two promotions in April on their own label babycare range.

When ordering five cases of Numark Ultra Dri Plus nappies, pharmacists will receive a free case of Numark sterilising fluid.

With orders of six cases of Numark Ultra Dri Plus nappies and one case of

sterilising tablets, members will receive a free case of Numark nappy bags, the latest addition to their babycare range.

And the company is also running a consumer promotion on the sterilising tablets, with an extra 16 free on packs of 56 tablets.

Numark Management Ltd. Tel: 0827 69269.

Healthcrafts launch educational aids

Healthcrafts are introducing a retailer hotline to help customers with nutritional queries.

Three experts will be on hand to take calls: Dr Len Mervyn, technical director, Gillian Devine, specialist in food supplements and legal claims and Pat Stow, dealing with licensed products.

The hotline will be open from 10.30-16.30 (closed 12.30-13.30), five days a week from April 29.

The company has also

produced a One-A-Day Product Manual, giving information on the ingredients, actions and directions for the products in the range. A consumer leaflet has also been developed on the one-a-day range.

The Heath and Heather range of herbal remedies will be supported with a £150,000 campaign and new point of sale material.

Healthcrafts Ltd. Tel: 0932 336366.

Win a car with Agfa

Agfa are running a win-a-car promotion for their Agfacolor XRG film.

To enter, the purchaser has to answer four questions and then complete a tie-breaker for the chance to win a red BMW 316i four door saloon. The competition runs until June 30. Agfa-Gevaert Ltd. Tel: 081-560 2131.

Vichy add self tan

Vichy are introducing Moisturising Self-Tanning Care (100ml £7.90) to their range of sunpreps.

The self tan works in three to four hours and is water resistant, say Vichy. It has a high proportion of moisturising agents and is non-comedogenic. Cosmétique Active. Tel: 0235 526747.



To encourage trial of its unbeatable formulation we're trimming the price of Dimension 2 in 1 by half. Which means you'll have customers pouring in at the double. To cash in, now is the time to stock up (it's available through your local wholesaler). But remember, the offer is for a limited period only, so don't cut it too fine.



ELIDA GIBBS · LEADERS IN PERSONAL CARE

New unfragranced Elnett variant

L'Oreal have added an unfragranced variant to their Elnett hairspray range.

The new variant has all the holding power of the original hairspray, but when it dries, leaves no fragrance. It comes in four sizes: 75ml (£1.69), 200ml (£2.69), 300ml (£3.49) and 450ml (£4.29).

The launch will be supported by a £970,000 television advertising campaign, commencing April 14 and running for five weeks in all areas. The commercial is set behind the scenes at a fashion show, and features a hairdresser using Elnett to create and hold the models' styles. Press advertising will appear in *Cosmopolitan* and *Marie Claire*.

As an introductory offer from April 1 the new variant will feature a £1.50 cash back promotion. The



consumer needs simply to fill in the bar code on a form and send it off with proof of purchase to receive the refund. In addition a free 75ml handbag size Elnett unfragranced will be handed to all 450ml variants. **L'Oreal. Tel: 071-937 5454.**

Summertime news

Unichem are running offers on a number of sunprep ranges until the end of April.

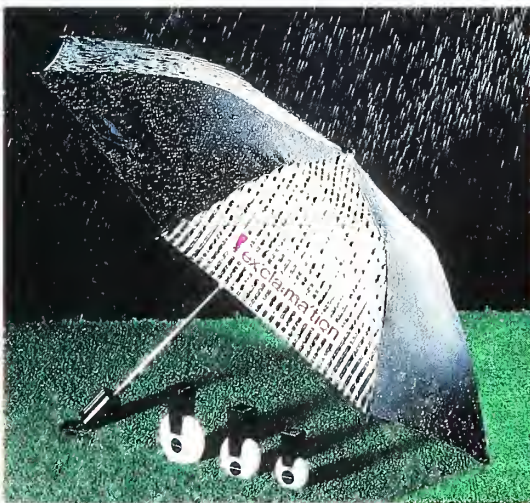
A POR of 36 per cent is offered on Ambre Solaire. There is a competition for the best window display, the first prize being £100 of Marks & Spencer vouchers, with £50 and £25 for the second and third prizes.

On Nivea Sun, members will receive a 40 per cent POR. They will also benefit from a free t-shirt and beach bag with purchases of nine or more packs. There will also be a prize draw to win one of five hampers.

On Simple Sun pharmacists will receive a 40 per cent POR and with every pre-pack unit of three dozen items they will receive a £5 Marks & Spencer voucher.

With any six-pack purchase from the Hawaiian Tropic range pharmacists will receive a free beach towel. On Bergasol a POR of 35 per cent is offered and pharmacists will receive a

clock/radio on purchase of three dozen products or a pre-pack unit. **Unichem. Tel: 081-391 2323.**



Coty are running a special offer on the Exclamation fragrance range, giving away a free umbrella with any purchase over £8 from the standard range. The promotion runs until the middle of May. **Beauty International. Tel: 0491 33333.**

Sporting offer with Cussons Graphite

Cussons are supporting their Graphite men's range with a sports competition and money-off coupon until the end of April.

The promotion will feature Graphite bodyspray and shower gel. Consumers can take part by purchasing one product and answering a number of sport-related questions printed on the neck collar.

First prize is a trip for four

to a sporting event — the winner can choose from the British Grand Prix, test match cricket, FA cup final, Wimbledon, the British Open and rugby union cup final. Fifty runners up can choose sports equipment.

During the promotion all packs of bodyspray and shower gel carry a 15p off next purchase coupon.

Cussons. Tel: 061-792 6111.

Win a break with Delial

Scholl are running a holiday competition promotion on their Delial sunpreps range for Spring.

Scholl representatives will be visiting pharmacies nationwide to give details of a display competition, with ten prizes of a weekend for two in Germany in the Autumn.

The trip will include luxury travel to Germany, accommodation in Cologne and a cruise down the Rhine.

To enter pharmacists simply need to display the provided POS material in an eye-catching way.

A sales presenter will be provided, highlighting a promotion entitled "Protect yourself, protect the environment", where customers are invited to return their empty Delial bottles or tubes for recycling and they will receive a £1 coin. **Scholl Consumer Products. Tel: 0582 482929.**

Syndol campaign targets women

Merrell Dow are launching a new advertising campaign and point of sale for Syndol.

Aimed at women, the campaign will feature Press advertising in Sunday supplements and magazines.

Point of sale material includes a shelf strip, leaflet

dispenser, door sign, dummy packs, counter unit and show cards. There is also a new consumer leaflet, entitled "Understand what causes the pain of tension headache and how to deal with it". **Marion Merrell Dow. Tel: 081-848 3456.**



Cash in with Crookes Healthcare

"Get it right at point of sale and reap the profits" — that is the winning message in Crookes Healthcare's £55,000 Mystery Shopper bonanza

The latest £100 cash winners also have the chance to win the £55,000 grand prize so congratulations to.

DI Jakobson, GFO'Brien, 56-58 Coplehouse Lane, Liverpool, Merseyside
Mr Smith, United Coop Pharmacy, Disley, Stockport, Cheshire
Mrs V Stevenson, Quay Road, Bridlington, East Yorks
Mr Mason, London Road, Sheffield, South Yorks

A Berry, The Pharmacy, Severn Road, Oadby, Leicester
Miss Alsaffar, Secartum Ltd, Chestnut Grove, Etwell, Derby
DB Davies Chemist, Market Street, Newport, Dyfed
Mr Fofaria, Tyerest Ltd, Kenton Road, Kenton, Harrow, Middx
Mr Gokani, Church Road, Northolt, Middx

So make sure your Crookes coldcare units are well stocked and on display because "Effective display pays!" — with Crookes. As two lucky winners said, "It has certainly increased sales during the Winter months"... "The window display has drawn peoples attention"

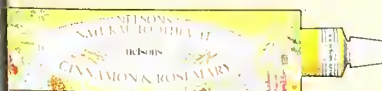


**AGAP
IN THE
MARKET**



Nelsons toothpaste fills that gap. In three natural flavours, it's free from artificial sweeteners,

colours or flavours. It's right for all your customers. And because it's backed by strong consumer



advertising and the Nelsons brand, it's right for sales. Isn't that something to smile about?



IT'S ONLY NATURAL

Gillette add to Natrel Plus

Two more variants of Natrel Plus will be launched in May: Ixoya for women and Pcao for men. Both will be available in aerosol, roll-on and solid form. The prices will be comparable to that of the existing variants, say Gillette.

The company says the new fragrances have been developed to capture the spirit of today's most popular perfumes. Ixoya, targeted at women, has a fresh, floral-fruity fragrance while Pcao has a citrus "green" fragrance.

Pcao, designed to appeal to young men, has dark blue livery similar to Zerion, to identify it as a male variant, say Gillette.

The complete Natrel Plus range will be supported with a media spend of £3 million, including a new national television commercial.

The commercial is an evolution along the theme that Natrel Plus works in harmony with the body — a body-painted couple are being chased by wolves through woodland. The brand will be supported with a promotional campaign. **Gillette UK Ltd. Tel: 081 560 1234.**



Wash-off tattoos

Jermome Russell have introduced temporary tattoos which last three to four washes or are removed with cleansing cream.

Supplied on sheets with a variety of designs, the tattoos are moistened with a damp sponge and held against the skin for 30 seconds before peeling off the backing paper.

The tattoos can be sold per sheet (19 £4.99) or individually (£1.25-£2.99). **Jerome Russell Cosmetics Ltd. Tel: 081-478 7771.**

Vaseline factfile for pharmacy

Vaseline have compiled the Derma Care Factfile, to help pharmacists and assistants advise their customers on skin problems.

It is available free from The Vaseline Care Bureau, PO Box 289, Sawston, Cambridge, CB2 4HH. A consumer leaflet, "Soothing advice for dry skin sufferers," is also available for pharmacists to hand out. **Elida Gibbs Ltd. Tel: 071 486 1200.**

Mates prepack

Johnson & Johnson have introduced a new Mates prepack for pharmacies, carrying 36 packs of Mates 3s in Natural, Playmates and Ultrasafe. It carries a coupon for pharmacists who will receive a coupon giving them £6 off their next order. The normal price for the unit is £18.52, but for a limited period it costs £11. **Johnson & Johnson. Tel: 0628 822222.**

Sure sixes

Sure 150ml aerosols are now available in outers of six instead of 12. The change affects all variants. **Elida Gibbs. Tel: 071-486 1200.**

Big Mini pack

Konica's Big Mini is now available as a complete kit, including a leather carry case and a roll of Konica Super SR-100 colour film. **Konica UK. Tel: 081-751 6121.**

Dental plug

Colgate-Palmolive are investing £3 million on marketing their products to the dental profession this year. Particular emphasis will be on Actibrush, Gum Protection formula toothpaste and the diamond head toothbrush range. **Colgate-Palmolive. Tel: 0483 302222.**

Correction

The Eltraco range of toiletries launched at the Spring Fair (C&D March 21) will be priced between £1 and £10, and not

as stated in C&D last week. **Eltraco UK Ltd. Tel: 0494 814371.**

National launch

Neutrogena are launching their Eye Cream and Night Cream nationwide, following a successful test market. The national launch will be supported by a £500,000 Press campaign plus sampling. **Neutrogena UK Ltd. Tel: 071-821 1984.**

Zincstic moves

Farillon have been appointed UK distributor for Zincstic by Danke GmbH, with effect from April. The product will be supported by PR and Press advertising. **Farillon Ltd. Tel: 04023 71136.**

Elgydium

Pierre Fabre have added four toothbrushes to the Elgydium range — Clinic Soft, Clinic Medium-Hard, Clinic Surgery and Clinic Post-Surgery; all retail at £1.99. **Pierre Fabre Ltd. Tel: 0865 742525.**

Fam-lax in 12s

Torbet Laboratories have launched a 12-tablet pack of Fam-lax (£0.89) and repackaged the brand. **Torbet Laboratories Ltd. Tel: 0622 762269.**

Tea tree too

Comvita Propolis ointment has been reformulated to include tea tree oil, said to be a natural antiseptic and healing agent. **New Zealand Natural Food. Tel: 081 444 5660.**

THE PAIN KILLER W

IBULEV
ibuprofen
sports g

Pain relief for sports injuries
muscular aches, sprains



Panacur for lungworm

Panacur small animal wormer has become the first product licensed for use against canine and feline lungworm disease, say Hoechst Animal Health. The product (active ingredient fenbendazole) is licensed as a PML for roundworm and now has this status for the

new indication too. The dosage for dogs is 50mg fenbendazole/kg bodyweight daily for seven days, which may be repeated. Cats should be given 20mg fenbendazole/kg daily for five days. **Hoechst Animal Health. Tel: 0908 665050.**

Healthcrafts diet aids

Healthcrafts are running an "On a Diet?" promotion throughout April and May. It comprises a consumer leaflet, counter display unit

and posters. The leaflet explains the importance of vitamins for staying healthy when dieting. **Healthcrafts Ltd. Tel: 0932 336366.**

Secret promotion

Cuxson Gerrard are supporting their Camation range this Spring with Press advertising and a radio campaign.

There is a "Secret Shopper" promotion in which assistants will have the chance of winning 50 pocket sized colour televisions by answering questions on foot care. A team of "Secret Shoppers" will be visiting pharmacies to find the winners. **Cuxson Gerrard. Tel: 021-544 7117.**

One-a-day CLO

Healthlife have introduced a one-a-day cod liver oil supplement. High Strength cod liver oil one-a-day with EPA and DHA is available in 30s (£2.25) and 60s (£3.49).

Each 1,000mg capsule contains 750mcg of vitamin A, 2.5mcg of vitamin D, 75mg DHA and 114mg EPA. **Healthlife Ltd. Tel: 0274 595021.**

On TV Next Week

GTV Grampian
B Border
BSB British Sky
C Central
CTV Channel Islands
LWT London Weekend

C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television

TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tynce Tees

Anadin Extra:	All areas except GTV, CTV, TT
Benlyin:	All areas except G, C, CTV & C4
Braun Oral B Indicator:	All areas
Colgate Great Regular flavour:	All areas
Cream Silk 2 in 1:	All areas
Femigraine:	G
Gillette Right Guard:	All areas
Kyomi:	All areas except C4
Le Condom:	STV, G, TT, C4
Listerine:	All areas except CTV, LWT, C4
Migraleve:	TV-am
Milupa Infant Foods:	All areas except LWT, C4, TV-am
Radian B mineral bath:	Y, C
Sanatogen children's vitamins:	All areas except G, Y, HTV
Silkience:	All areas
Wrigley's Extra & Orbit:	G, A, HTV, TSW, TVS & LWT



Bob Martin have relaunched their Pestroxy range of insecticides. The range has been extended to cover the four major methods of application for insecticide products. Flea collars for cats (£1.95) and dogs (£2.25) and an insecticidal shampoo (300l £2.14, 500ml £3.49) will complement the existing powder and spray. The new range is available in cases of six rather than 12. The Bob Martin Co. Tel: 0934 838061



DAVINA®



WHY SHOULD **YOU** STOCK THESE LINES?

YOU SHOULDN'T – UNLESS YOU WANT

- ☆ NEW CUSTOMERS
- ☆ FAST TURNOVER
- ☆ GREAT MARGINS
- ☆ SALE OR EXCHANGE
- ☆ FREE POINT OF SALE
- ☆ FREE SAMPLES
- ☆ FREE TRAINING
- ☆ PERSONAL SERVICE

AND FANTASTIC "STARTER OFFER"
GIVING YOU OVER 200% MARK UP

GET DETAILS NOW !!

SALES ENQUIRIES – PHONE 0484 852411
OR SEND IN THE COUPON

Please rush me details of the Starter Offer.

C & D 4/92

I would like a Representative to call ☐

Company Name:

Contact Name:

Address:

Tel. No:

Davina Health & Fitness Ltd.

International House, Nunnery Drive, Sheffield S2 1TA
Tel. 0742 738090 Fax. 0742 757163

SCRIPT SPECIALS

Adalat LA for 24-hour control

Bayer have launched Adalat LA 30 and Adalat LA 60 for the treatment of mild to moderate hypertension. Both are long-acting formulations of 30mg and 60mg nifedipine respectively, said to provide uniform control of blood pressure over 24 hours.

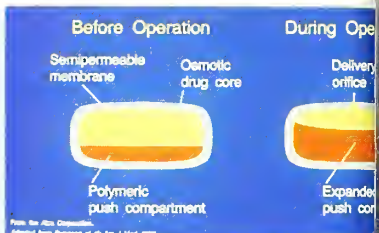
The once-daily formulation offers significant advantages over existing Adalat formulations. As well as encouraging patient compliance, fluctuations in plasma levels are avoided – these fluctuations have often been associated with vasodilatory side effects, says the company. Older nifedipine formulations, including Adalat Retard (a 12-hour formulation) and Adalat capsules have been associated with plasma level fluctuations.

Both strengths of Adalat LA are pink, laquered tablets. Adalat LA 30 are marked Adalat 30 and contain 30mg nifedipine in a controlled release formulation (28-tablet blister pack, £11.76) while Adalat LA 60 are marked Adalat 60 and contain 60mg nifedipine in a controlled release formulation (28, £15.40, both prices NHS).

Adalat LA tablets should be swallowed whole with a glass of fluid. They should be taken at approximately 24-hour intervals, at the same time each day, preferably during the morning.

The recommended initial dose is 30mg once daily, increasing if necessary up to a maximum of 90mg once daily.

Adalat LA is contraindicated in



Adalat LA incorporates a "push-pull" osmotic drug delivery system known as the "gastro-intestinal therapeutic system." An osmotic polymer expands slowly over time to release nifedipine in suspension into the GI lumen during the entire passage of the tablet through the GI tract. Changes in the pH and motility of the GI tract, or the presence of food, do not significantly affect the rate of delivery, says the company

those with GI obstruction, inflammatory bowel disease or hepatic impairment, because of its duration of action. Other warnings, contra-indications, and side effects are as for other Adalat preparations; See Data Sheet.

● Bayer say that if GPs are considering putting new hypertensive patients on to Adalat Retard or Adalat capsules, they should now be putting them on to Adalat LA instead (unless contra-indicated as detailed above). And patients controlled on older Adalat preparations may safely be switched to Adalat LA at the recommended initial dose of 30mg once daily.

While Adalat Retard and capsules are licensed for angina and hypertension, Adalat LA is not yet licensed for angina. However clinical trials are underway and Bayer are hoping for a licence for the use of Adalat LA in angina next year. Bayer UK Ltd. Tel: 0635 39000.

Galpseud Plus for allergic rhinitis

Galen are launching Galpseud Plus, a Pharmacy-only linctus for the relief of allergic rhinitis (500ml, £3.20 trade). It is available on prescription.

Each 5ml of the linctus contains 30mg pseudoephedrine hydrochloride and 2mg chlorpheniramine maleate in a mentholated formulation. It is also sugar-free, and is orange coloured and flavoured.

Recommended dosage for adults is 10ml three times a day; children 6-12 years, 5ml three times a day; children 2-6 years; 2.5ml three times a day. Galpseud Plus is not recommended for children under the age of two years.

Contra-indications and side-effects are as for other products containing pseudoephedrine and chlorpheniramine. Galen Ltd. Tel: 0762 334974.

Caprin

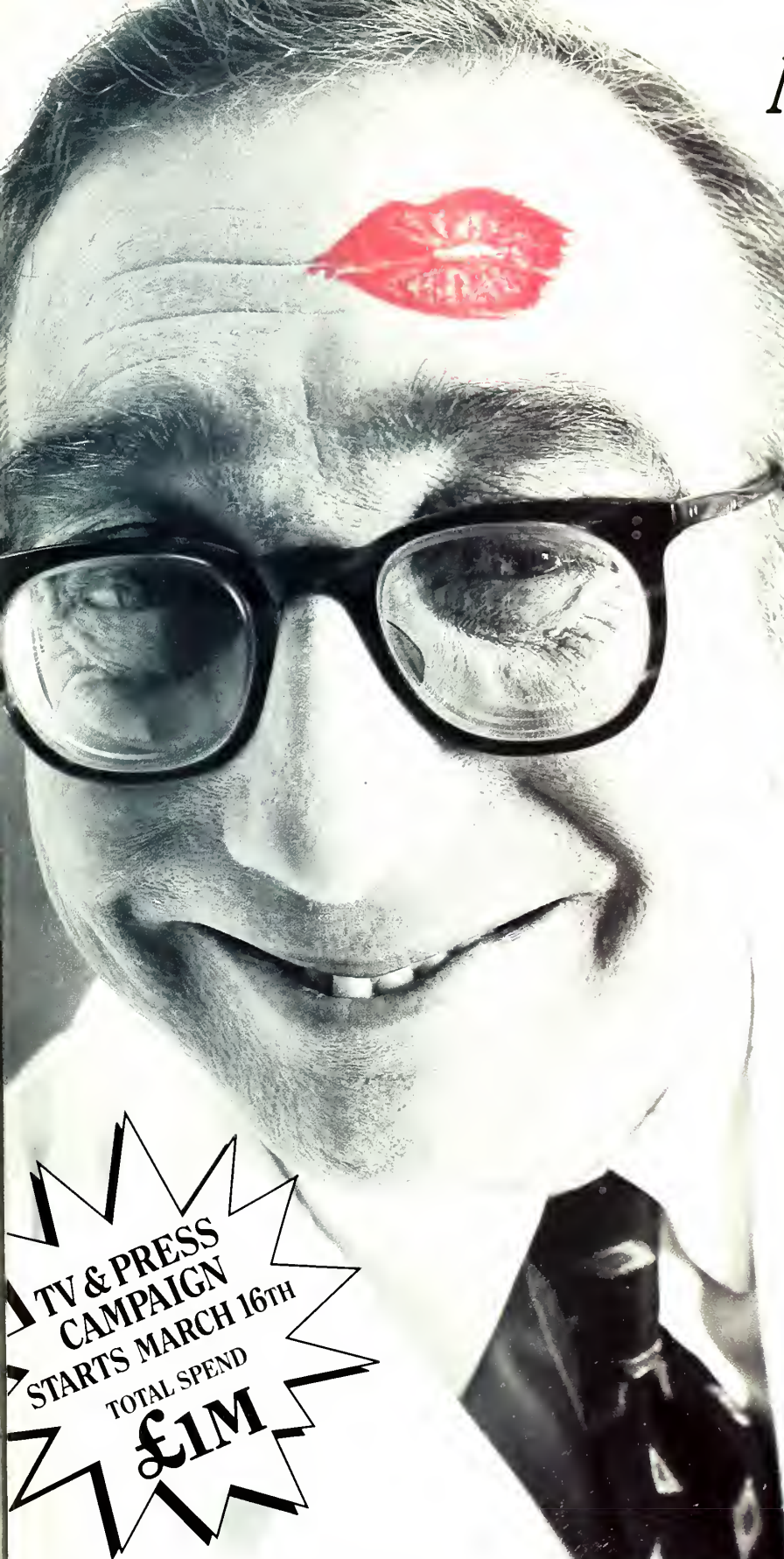
From April 1, Monmouth Pharmaceuticals are taking over the distribution, sales and marketing of Caprin tablets. The trade price for 100 tablets is now £4.21. Monmouth Pharmaceuticals Ltd. Tel: 0483 65299.

New from Lagap

Lagap have introduced the following products to their generic range: piroxicam capsules 10mg (60, £8.45); piroxicam capsules 20mg (30, £8.45); isosorbide mononitrate 10mg (100, £6.35), and metoclopramide syrup 5mg/5ml (100ml, £1.70; all prices trade). Lagap Pharmaceuticals Ltd. Tel: 0420 478301.

More from Napp

From April 1, Prioderm, Carylclerm and Full Marks 110ml lotion have been replaced by a 160ml size. Trade prices are £2.51, £2.51 and £2.60 respectively. Napp Laboratories. Tel: 0223 424444.



*Millions of
women get
migraine,
and you're
the man
with
Migraleve...*

TV & PRESS
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It could make you very popular

The heart of the matter

The potential for women to reduce their risk of coronary heart disease (CHD) by changes in lifestyle may be less than for men, according to results of a survey published in the *Lancet* this week.

While most other studies have involved men with CHD, making the assumption that what's good for men will benefit women, this study is one of the few providing mortality data for women.

The authors analysed the relation of CHD with plasma cholesterol, smoking, diastolic blood pressure, body mass index and social class in 15,399 middle-aged adults, including 8,262 women. They were screened in Renfrew and Paisley in the early '70s and followed up until the end of 1989.

Any given level of risk marker was associated with lower CHD rates in women than men. For example, women with cholesterol concentrations above 7.2mmol/litre had a lower risk of CHD than men with cholesterol values below 5.0mmol/litre. Similar trends were evident for blood pressure, smoking and social class. In women there was no overall relation between obesity and coronary death.

Women are known to have a lower incidence of CHD than men; these results imply that unknown factors protect them against CHD. The authors suggest that women may tolerate risks better than men, perhaps due to protection by female sex hormones.

Women were found to smoke less and have similar blood pressure to men, but had higher cholesterol and were more likely to be obese and of lower social class.

But their lower level of smoking does not offer an explanation as non-smoking women have half the coronary mortality of non-smoking

men.

Although the authors say more research is needed to clarify treatment of hypercholesterolaemia in women, these results suggest that the threshold for introduction of cholesterol-lowering drugs should perhaps be higher in women than men.

However, they suggest that for good health generally, women should be advised to stop smoking and the obese should lose weight. And treatment for hypertension is known to decrease stroke in both sexes, they point out.

Skin cancer in the elderly

The incidence of skin cancer is rising steadily, although young people are now becoming more informed about its prevention. But many elderly patients have not been educated about the early warning signs, according to a study in this week's *BMJ*. It was also found that malignant melanoma presented difficulty in older patients.

The study analysed 1,430 patients who were first diagnosed as suffering from primary cutaneous melanoma at the age of 65 or more.

Looking at all age groups, the most common site of melanoma is the leg in women and the trunk in men. But in these elderly patients, the face was the most common site in both men, and women accounting for 33 per cent of melanomas.

The prognosis for skin cancer is good if found early, say the authors. They suggest an educational programme involving dermatologists, aimed at GPs and those who care for the elderly.

Desferrioxamine poisoning after 24 hours

Fatal lung injury in four patients treated for iron poisoning with continuous iv infusions of desferrioxamine, reported in the *Lancet*, has prompted the authors to recommend that desferrioxamine infusion should not be administered for longer than 24 hours.

The authors suggest that desferrioxamine causes lung damage by the generation of free radicals; when it chelates iron it produces ferrioxamine, which may initiate lung injury.

Delayed onset of toxic effects could be due to slow entry of ferrioxamine into the mitochondrion. The authors point out that the lung is a well-known

target for free-radical reactions.

The four patients, aged 19-26 years, had received desferrioxamine infusions of 15mg/kg per hour for 65-92 hours, and all developed adult respiratory distress syndrome (ARDS) although none had the risk factors.

The records of twenty nine other iron-poisoned patients treated with desferrioxamine infusions for less than 24 hours were reviewed but none developed ARDS.

Because desferrioxamine infusions have been described as therapy for chronic iron overload and solid tissue tumours, these findings may have broader implications, say the authors.

LETTERS

Locums — a taxing subject for the Revenue?

My attention has been drawn to an article in your issue of February 29 on the subject of the tax status of locum pharmacists.

I must admit to having a particular interest in this matter. For more than two years, I represented Specialeyes plc, the High Street optical retailer mentioned in the article, in its successful battle to retain the self-employed status of the locum opticians whose services it uses. I am also currently co-operating in the campaign being run by Provincial Pharmacy Locum Services Limited to highlight the possible problems which the pharmaceutical industry may face. And I am still heavily involved in representing other clients who are under attack by the Inland Revenue.

I am sure it was not the intention of the writers of the article to dishearten your readers. However, I feel it would be in your readers' best interest if I were to try to highlight some of the factors that I feel ought to give any pharmaceutical business which might shortly come under the Revenue's critical spotlight a realistic expectation of success.

The Special Commissioner who heard the company's appeal found there was no global contract between the optician and the company covering the entire period during which work was done by the optician for the company. Instead there were successive individual contracts covering each engagement of the optician.

On the evidence it was held that the arrangements between the company and opticians are of a very short term nature and that the opticians' contracts are liable to be determined on short notice by the company. The optician is at liberty to determine the arrangement with the company on short notice or with no notice at all without penalty. The Commissioner went on to find that the opticians have only one client, namely Specialeyes, and that they are independent contractors carrying on their own businesses.

I do not propose to address specifically the points referred to in the article which the writers deduced would make it "more than likely that the Revenue will treat the locum as an employee". It is to be hoped however that readers will derive some comfort from the evidence in the opticians' case and realise that their own situation is not at all as gloomy as the article portrayed.

It should just be pointed out that the self-employed pharmacist:

- is liable to make losses (as well as profits), eg in the event of an un-insured malpractice claim.

- does risk his own capital in his business, eg in the provision of a car or professional books.

- is, I understand, at liberty to proffer a suitably qualified stand-in in the event of being unable to fulfil an engagement himself.

In addition to the cost and inconvenience to the self-employed pharmacist arising from the loss of his self-employed status, readers will also be aware of the very real cost to the business which engage self-employed pharmacists through the imposition of the employer's Class 1 NICs, amounting to 10.45 per cent of the payments to the employee.

Readers should also note that, at present, the Labour Party's proposal to extend the Class 1 NICs for employees is not to apply to the self-employed.

Finally, readers should be aware that an attack on self-employed status can emanate from an inspection by the Department of Social Security (acting in much the same way as the Inland Revenue).

Andrew S. Watt

Lawrence Graham, solicitors

Swiss soothe Xrayser's wrinkled bravo?

I noticed Xrayser's comments in **Topical Reflections** (March 14) following the launch of Savlon Dry Skin Cream and I would like to contribute the following.

Ciba-Geigy is indeed a Swiss-owned company, but has a very substantial commitment in the UK. Last year the company's turnover in the UK was almost £700 million. Of that sum exports accounted for £300m. More importantly, perhaps, Ciba-Geigy spent some £100m last year in the UK on production plant and other capital investment. The company employs over 5,500 people throughout the UK, manufacturing many products, including the Savlon range.

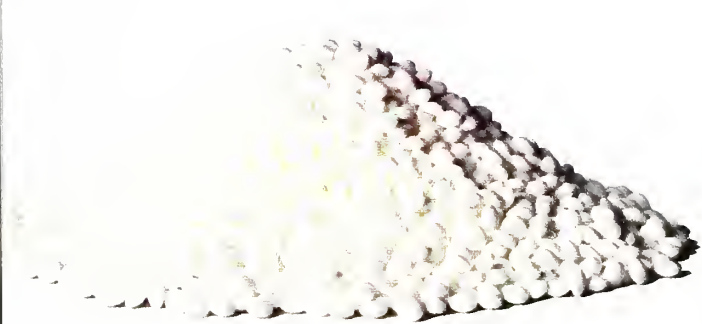
I am surprised that your correspondent sees Savlon Dry Skin Cream solely as a competitor to E45, because that is not where we consider the range is positioned in the market place. We believe the Savlon Dry Skin Cream range will find its niche between cosmetic moisturisers and the more medicinal products such as E45.

The feedback we have so far received tends to confirm this positioning and we are encouraged by the response we have had to this extension of the Savlon franchise.

S.J. Barrington

Marketing director, Zyma (UK) Ltd

Chemist & Druggist 28 MARCH 1992



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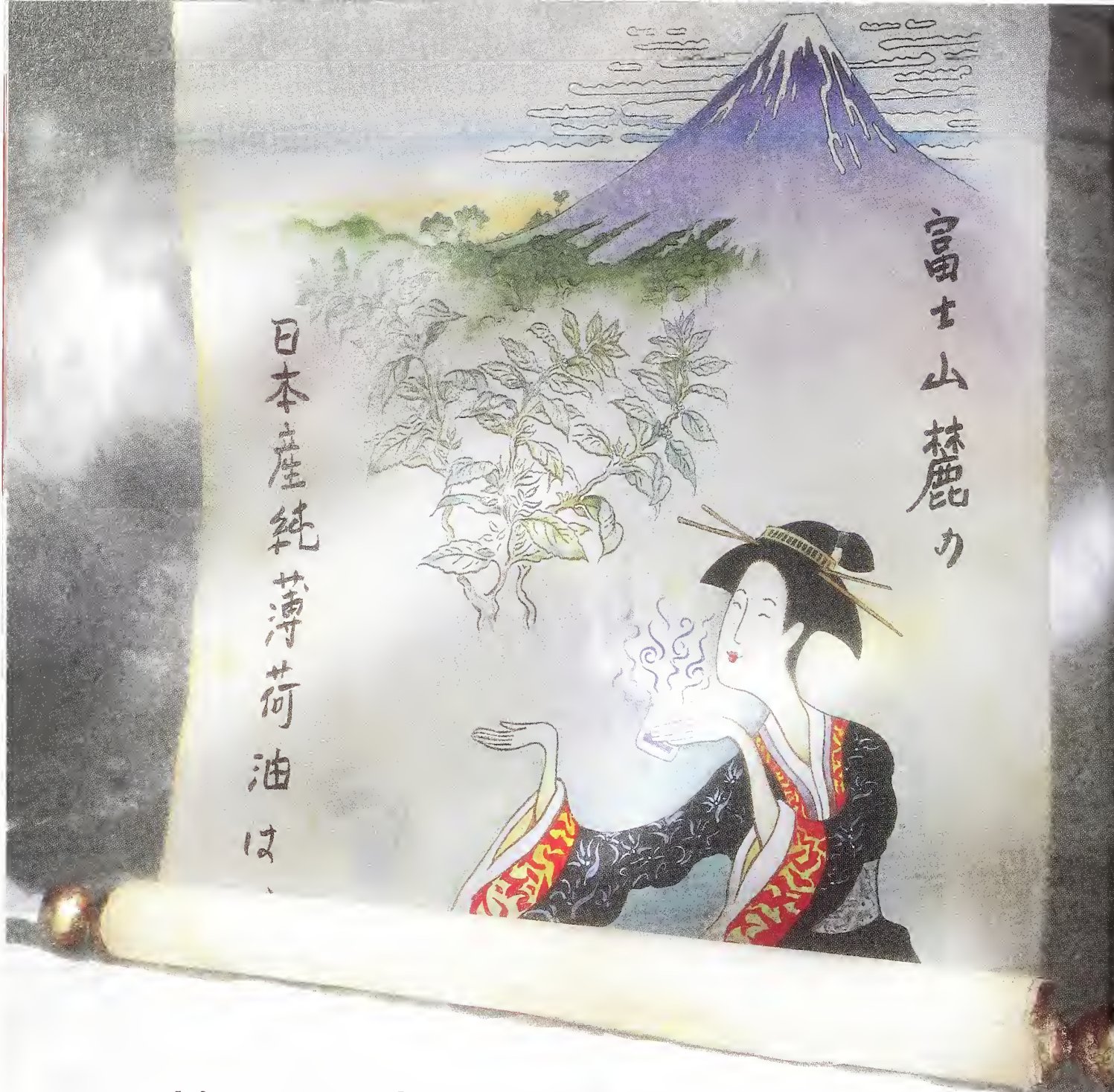
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Misconduct verdict

A co Derry pharmacist who admitted his purchase records became "totally disorganised" after buying a second pharmacy has been found guilty of "serious and foolish" misconduct by the Pharmaceutical Society of Northern Ireland. However the Committee decided against striking him off the register.

Laurence O'Kane, of 15 High Street, Draperstown, was convicted but given an absolute discharge when he admitted a charge of failing to give a Medicines Act Inspector purchase records for veterinary medicines at Magherafelt Petty Sessions on September 2, 1991.

The Committee itself pursued a second charge that he failed to record the sale or supply of POM Veterinary medicines in a register contrary to Regulation 6 (1) and (2) of the Medicines Regulations 1980. The offences were between August 1989 and March 1990 in respect of his pharmacy in the High Street, and between January 1990 and March 1990 at the Cross pharmacy, also in Draperstown.

Tom Scott, a principal pharmacist with the Department of Health and Social Services, told the Committee that some 445 oxytetracycline sprays and about 500 various antibiotics were unaccounted for over the period. He had visited Mr O'Kane on



Frank Bruno with Phil Jarrold (right), managing director of Peaudouce UK Limited and members of the Peaudouce marketing department when Frank came along to present the Peaudouce Childminder of the Year Award at the Mayfair Hotel, London W1. The Awards attracted over 500 entries

numerous occasions and the respondent was unable to explain why he failed to record the sale or supply of the medicines.

Giving evidence, Mr O'Kane said he had just taken over another pharmacy at the time. "I went from a one-man-band to where I was in charge of ten people," he said. "It was totally disorganised. I was living on the premises and working seven days a week." He told the

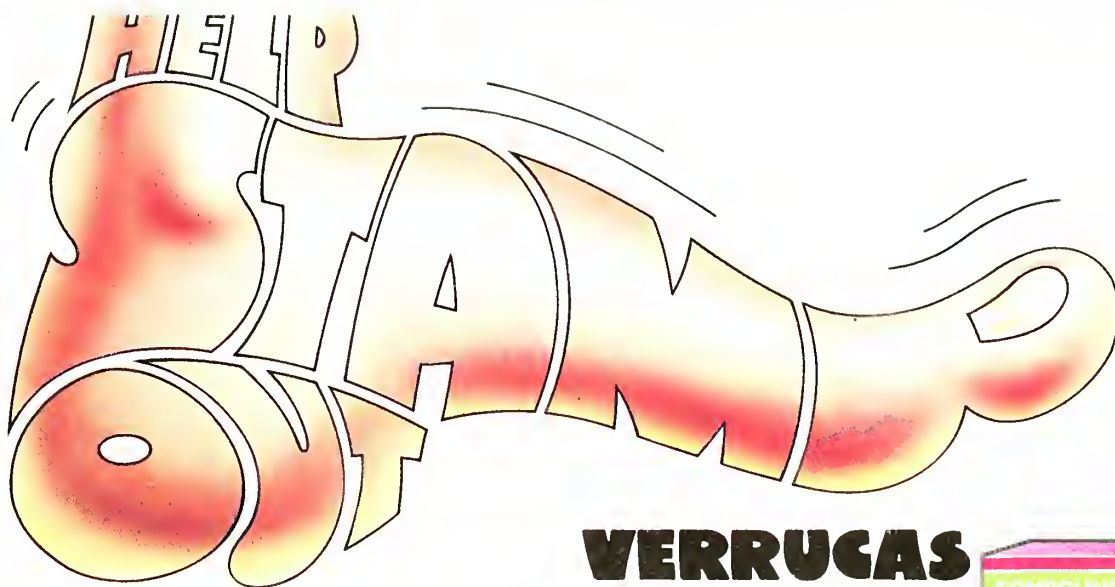
Committee he had now put his house in order.

Committee chairman, Mr Charles Hill, QC said: "We think it would have been desirable in this case if he had been charged with the second offence (at the Petty Sessions). A very hefty fine would have been called for in the circumstances."

"However, we take the view that the undertaking he has given was

genuine if late and slow in the day. We will not on this occasion strike him off but he came closer to being struck off than any other respondent who has appeared before us in recent years."

Mr Hill also requested that Mr Scott should report back to the Committee at three and six monthly intervals to make sure Mr O'Kane was complying fully with all pharmacy regulations.



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Points of law

Making that cheque safe

There has been a good deal of discussion recently about stolen cheques which are subsequently cashed. Is a bank liable if it honours a stolen cheque which has then been endorsed?

The answer is that the Cheques Act protects banks from liability for accepting stolen cheques unless they can be shown to have been negligent.

Every case is really going to depend upon its own facts, but the question comes down to: should the bank have realised it was given a stolen cheque?

So how do you make your cheque as safe as possible? Instead of "or order" on the cheque it is a good idea to cross out and initial "or order" and write instead the word "only". And make sure that you write "not transferable" on the crossed part of the cheque.

Very often there are large gaps left after the payee's name; make sure that the name is written in full and then cross through the remaining space to help prevent a thief adding another name.

As for the amount, write "only" after the words "Two hundred pounds" or whatever and again make sure to cross through the unused space in the figures box.



Serious misdeclaration of VAT

An interesting case came before the London VAT Tribunal recently. W.H. Kerham (Rhoon) Ltd concerned a business which had always dealt with the VAT on a cash basis. Customs & Excise benefitted from this and never insisted on strict compliance. Unfortunately, dealing with VAT on a cash basis soon led to a serious misdeclaration penalty.

The company appealed

successfully, claiming it had a reasonable excuse and the Tribunal held that since the Customs has adopted a "live and let live" attitude it was not unreasonable for the appellant to continue to use that system.

However, traders who are working on that basis may want to check to see if they should change their methods. The Excise may insist on stricter compliance.

Clearing debt judgments

It is easy in these difficult times for debts to be recorded against a businessman. Sometimes the judgments arise because of a temporary lack of funds or through inadvertence. It is comforting to know that provided the debtor takes swift action he or she can make sure their names do not go on the register of county court judgments compiled for the Lord Chancellor's Department by the Registry Trust.

Judgments debts should be paid to the plaintiff and the defendant should take proof of payment to the court. He or she can then obtain a certificate of satisfaction for a £1 fee; once that is done the debt can be deleted from the register. If a defendant takes more than a month to pay the entry stays and is marked as having been satisfied.

Since potential lenders almost certainly check up on the registration of judgment debts this may make obtaining credit much more difficult. Certainly a mortgage lender will require outstanding judgments to be settled before he will give money on a mortgage.

Repairing leases

Business tenants who have signed "full repairing leases" often ask if it is fair that the landlord gets not only a good rent but also gets his building maintained for him.

It does seem a bit of a heavy train but the safeguard for the landlord to ensure that his property is properly maintained is to have such a clause.

In most parts of the country this is a good time for a tenant to be negotiating. Property is standing vacant and if a tenant has been a good one and is prepared to move to other premises if new terms are not in his favour, then a landlord may be prepared to soften some of the seemingly harsh clauses in a lease. And if the landlord wishes to sell, this might also be a good time for a tenant to buy.

But they cannot be forced either to sell or to negotiate a new lease on new and unfavourable terms. It is highly unlikely that a court would impose a term changing a full repairing lease to one of interior repairs only.

Health and Safety inspectors

One of the principal functions of Health and Safety at Work Act inspectors is to issue notices when they consider that health and safety legislation has been contravened. If an inspector issues an improvement notice, under it he must specify the legal requirement which he thinks is being broken and give his reasons. A time limit must be fixed for putting matters right and this cannot be less than 21 days, for the good reason that this is the time limit for appealing against a notice to the industrial tribunal.

Very often an inspector will put in the notice what action he thinks necessary to put the matter right and may refer to an approved code of practice or another published guide such as British Standards.

More serious are prohibition notices which may be served when an inspector considers that there is a risk of serious personal injury. Such a notice either prohibits dangerous work from starting or stops it at once.

A variation on this is the deferred prohibition notice which states that the work must cease within a given period. The prohibition notice, whether or

not deferred, must contain the matters which lead the inspector to believe there is a risk of serious personal injury. It may also include directions on how to put things right.

Again, an appeal must be lodged within 21 days although this may be extended if the industrial tribunal is satisfied that it was not reasonably practicable to appeal within the

period.

If circumstances have changed an inspector may also withdraw an improvement or prohibition notice. This can only be done before the end of the time limit specified in the notice. Once remedial action has been taken the notice ceases to have effect and there is not need for it to be withdrawn.

Major changes of trade

The opportunity may occur to purchase a company and change the direction of its business.

Where the provisions apply they stop a trading loss incurred before the change as well as a trading loss after the change in ownership being carried back to set against pre-acquisition profits.

To deal with this the Inland Revenue has recently issued one of their statements of practice, which explains what it considers a major change in the nature or conduct of a trade for various corporation tax purposes. Major changes do not occur where the

change is to increase efficiency to or to keep pace with developing technology, nor if it occurs when a product is rationalised by withdrawing an unprofitable item and replacing it with a new and related kind.

The Statement of Practice (which is available from the Public Enquiry Room West Wing, Somerset House, Strand, London WC2R 1LB) gives some examples. For example, a change of dealership from one make of car to another would not be a major change whereas a switch to a dealership in tractors would.

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A mission for learning

Last week (p440) the national Centre for Pharmacy Postgraduate Education in Manchester launched a series of workshops for community pharmacists at 120 venues. C&D talked to the people who got the scheme off the ground.

The Centre's aim is for every pharmacist to become a life-long learner, so that keeping up-to-date becomes an automatic process.

"We want continuing education to become a habit and an enjoyable one at that," says director Alison Blenkinsopp.

Before the Centre was established last year, the section 63 courses funded by the Department of Health were organised on a regional basis which meant that provision was patchy and some regions were better served than others. When Dr Blenkinsopp was appointed in May 1991, her brief was to compile a structured plan for the whole of England, again funded by the Department.

Her first assistant director, Jennifer Archer, joined last November to manage the course programme which is being organised through 65 local tutors, mostly community pharmacists who will spend the equivalent of half a day a week helping to

train their colleagues.

The response to the call for tutors was "fantastic". About 300 applied, of whom half were interviewed.

"We were delighted with the quality of the applicants," says Mrs Archer. "Many said it was something they had wanted to be involved in for some time. They felt that, as well as keeping them up-to-date, the job would enable them to put something back into their profession. They are showing real commitment and enthusiasm."

Their fervour has led Dr Blenkinsopp to describe them as "something between missionaries and sales reps" who have gone into their local communities trying to fire other pharmacists with the same enthusiasm.

"We deliberately set out to recruit community pharmacists rather than academics because they had more understanding of the problems their colleagues faced," says Dr Blenkinsopp. "Those chosen who were not practising in this sector obviously had to be in touch with what was happening there."

Before the Centre was set up, community pharmacists' participation in Department of Health sponsored courses has been poor — from less than 10 per cent in some regions to about 25 per cent in others. The problem of how to motivate more to take part has vexed the profession's

leaders for years.

Money may not be the answer, although Dr Blenkinsopp agrees that it might be a good idea to have a small incentive payment for attendance. "It would be foolish, however, to go completely to a free market system."



Director, Alison Blenkinsopp

IN AN UNCERTAIN WORLD...

Superdrug fuel perfume price war

In the run-up to Christmas, Superdrug's prices are cent lower than other High Street retailers. Brands include Chanel.

First Boots advert for repeat script service

What is believed to be the first newspaper in Hertfordshire last week (September 26). The advertisement, worded in the Hemel Hempstead press, makes life a little easier for patients. Boots' repeat script service appeared in the Hemel Hempstead press.

Unichem swallow the Moss chain

Unichem have bought the Moss and Marjorie Moss, widow of the founder, is to become a director. Chemists retail chain in a £27 million paper and cash deal.

No end to recession in sight

Despite Government claims that the recession is so to end, it suggests that high street spending is down considerably. The market is

Medicines Act to change

An amendment to Section 28(3)(g) of the Medicines Act 1968 is being proposed as a result of the implementation of Article 11 of the EC Directive 65/65. Both Section 28(3)(g) and 28(3)(h) will be amended.

Centre for Pharmacy Postgraduate Education



Jennifer Archer, assistant director, direct learning

we think they ought to have, and we will assess this through interviews and questionnaires," says Mrs Archer.

The programme content will concentrate on the Society's core curriculum, with other topics introduced as necessary. If, for example, domiciliary visits became eligible for remuneration, the relevant training would be added to the schedule.

AIDS prevention, which is the topic for sessions starting in May, was seen as a major health priority.

"The need for training on elderly care,

which follows in June, came through strongly because this group accounts for the majority of customers in many pharmacies, particularly with the national move to community care," says Mrs Archer.

Topics for the Autumn will include response to symptoms, and diabetes will be on the agenda for after Christmas. "The tutors are ascertaining from local pharmacists the key areas that need covering, so there will be an element of flexibility in what is provided," says Mrs Archer.

The first distance learning package, covering care for the elderly, will be sent automatically to those taking part in that workshop and it is also available to other pharmacists. It is in written format and other packages may eventually include videos and computer-assisted learning. Multiple choice questions can be returned to the Centre for assessment. The packages aim to provide the knowledge base on which the workshops will expand; the latter will concentrate on practical issues and discussion of case studies.

"We realise that most community pharmacists are working in isolation and can gain a great deal from listening to other's experiences. The workshops will not just be lectures but will encourage active participation," Dr Blenkinsopp explains.

Another assistant director, Lindsey Gilroy, is to join the Centre fairly soon. There are two full-time secretaries based at Manchester University and three full-time administrative staff at North Western Health Authority whose role is to take the administrative burdens away from the tutors.

"We see ourselves as a customer service organisation rather than a bureaucratic set-up," says Dr Blenkinsopp. "It's not up to us to tell pharmacists 'You must do this or that'. Instead, we welcome their input and hope to work together as a team responding to the profession's needs."

She acknowledges that the £40 a day locum allowance is too low and hopes that the Pharmaceutical Services Negotiating Committee will eventually be able to negotiate a more realistic figure. The first series of workshops will be in the evenings, when locums should be less of a problem, but the Centre hopes to experiment with afternoon and full day workshops later.

Dr Blenkinsopp was pleased to see that the joint working party report on the future of community pharmacy recommended that pharmacists should provide more services along the lines of the patient medication records and residential homes schemes, for which they are trained and then paid extra. The report also suggested incentive payments for continuing education.

It's unlikely that continuing education will ever become mandatory, she believes. "We want it to be self-motivated, because even if it were mandatory pharmacists could still take part in a half-hearted way. We would rather they took part because it was useful to them."

To that end, market research is essential. "We are keen to identify what community pharmacists actually need rather than what

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All change for agency contracts



Last Autumn saw the phasing in of a number of "agency distribution arrangements" entered into by Glaxo with the major pharmaceutical wholesalers, including AAH and Unichem. These arrangements mark a change from the existing arrangements whereby distributors would buy and sell at a profit. Instead an agency fee will now be paid. However, it must be questioned how long the new arrangements will last, says Stephen Sidkin

The reason for this lies in a Directive issued by the European Community's Council of Ministers in 1986 to co-ordinate the laws of the member states relating to self-employed commercial agents. To implement this directive, the DTI

has prepared draft regulations — The Commercial Agent Regulations. These will come into force at the latest by January 1, 1994. The regulations will make substantial changes to the existing law of agency. The regulations will be implied into

all commercial agency agreements, both written and oral. There will be no transitional provisions.

In many ways the duties owed by an agent to his principal and vice versa will reflect existing English law. But the regulations go further. For example, they require a principal to notify his agent as soon as it is anticipated that the volume of business will be significantly lower than the agent could normally have expected! A principal will also be required to inform his agent of his acceptance, refusal or non-execution of business that his agent has arranged. This will require a principal to keep his agent informed of any omissions on his part in completing a transaction.

All provisions concerning the rights and duties of principal

and agent will be mandatory. It will not be possible to contract out of the regulations.

Remuneration

Express provisions as to the remuneration of a commercial agent where the contract is silent on the subject will also be imposed by the regulations. As a result, transactions on which commission is payable to an agent will fall into categories. First, those concluded during the period of the agency, and second, those concluded after the agency has been terminated. This category is a new concept in English law. Commission will be payable to the agent subject to two conditions:

The first condition is that the transaction is mainly attributable to the agent's

efforts during the period covered by the contract, and the transaction was entered into within a reasonable time after the termination of the contract. But no cut off point is specified in respect of transactions entered into after termination of the contract. To avoid any dispute as to what is reasonable, it will be necessary to make express provision in the contract in respect of payment of commission after its termination.

The second condition is that the order from the third party for the goods in question reached the principal or the agent before the contract was terminated and the agent would have been entitled to commission had the contract not been terminated.

Commission

The regulations also state when the commission will become payable. This will considerably increase the principal's burden in paying his commercial agent. It will not be possible to delay payment merely because the principal has not been paid by a third party. Instead when the commission has become due, a principal will have to pay his agent not later than the last day of the month following the end of the quarter in which it became due. Again it will not be possible to contract out of these provisions.

The same rules apply in respect of the principal's obligation to produce a

statement to his agent showing the calculation of the commission. The agent will also be entitled to all the information available to the principal, including an extract from his own books, which is necessary to enable the agent to check the statement. Any contractual term which attempts to exclude these provisions will be void. Therefore to avoid the disclosure of embarrassing or confidential information it will be necessary for the principal to maintain records, the only purpose of which is to enable commission to be calculated.

If, through no fault of his principal, no contract between the third party and the principal is completed, the agent's commission will be lost. But the regulations will provide that if a principal is indemnified for non-performance of the contract, (for example, under an insurance policy), his agent will not lose his right to commission! Yet again it will not be possible to contract out of these provisions.

Either party will be entitled, on request, regardless of any agreement to the contrary, to receive from the other a signed written statement setting out the terms of the agency contract. It is anticipated that such requests will usually be made by agents who are concerned about their positions.

It will be possible for an agency to be terminated by either party, giving written notice to the other where it is

entered into for an indefinite period. But the period of notice must not be less than one month during the first year of the contract, two months during the second year of the contract and three months during the third and subsequent years of the contract. A longer period of notice will be possible if so agreed. But it will not be possible for that period to be shorter for the principal than for his agent.

Compensation

The most radical movement away from existing English law is that the regulations will provide for compensation of the agent in respect of termination of contract. Accordingly, compensation will be payable if the principal terminates the contract (except where it is as a result of the agent's breach). If the agent terminates the contract as a result of the principal's breach or because of the agent's inability to perform the contract, for example, because of illness, compensation will also be payable. Frustration of the contract will also result in compensation being payable.

Losses, liabilities, costs and expenses incurred as a result of the termination of the contract will be covered by the compensation payable by the principal. The compensation will take into account the commission that the agent would have earned had the contract been properly performed, and the principal

derived substantial benefit from the agent's acts. Compensation will also take account of the costs and expenses incurred by the agent on the principal's instruction which he has not been able to amortize. But compensation will not be payable if the agent assigned his rights or duties under the contract to another person.

Any term in the contract excluding this right to compensation will be void.

Limitations on restraint of trade clauses in an agency contract will also be contained in the regulations. Such clauses will be valid only if, and to the extent, that they are in writing and are reasonable. But in any event they must be limited to a two year period and relate to the geographical area, customers and the kind of goods in respect of which the agent has a right to act.

At present the regulations are only in draft form. The DTI's consultations may lead it to make amendments to the draft before the regulations come into force. But come into force they will. At that time any amendments will not alter the fact that they will result in substantial change for many agency contracts, irrespective of how recent they are.

Stephen L. Sidkin is a commercial law partner at City law firm Fox Williams.

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Brylcreem Black leads the pack with Panache

Brylcreem Black firmly holds the ground in 1992 as the stylish range for total grooming in the buoyant £370 million* male toiletries market. Always in the forefront with its creative pro-active stance, it will be supported during the summer by a £1½ million national TV campaign together with a strategically planned sampling campaign designed to create even greater awareness of the brand.

1991 saw the introduction of a new look, new formulations and a new fragrance — nine items for hair, face and body reflecting today's sophisticated demands for products that really work. Consumer response to the new Brylcreem Black proves that the range is absolutely spot-on in identifying products tailor-made for the highly fashion-conscious, young 16 to 24-year old male consumers and the women who buy for them. Latest figures underpin the Brylcreem Black success story — it continues to increase sterling share against competitors' decline.

All male boost

One of the most exciting and noticeable trends in the contemporary male market is the growth of "own purchase" and there is a concomitant growth of "male specific" brands. Brylcreem Black is all male!

Jonathan Sully, senior product manager for the Brylcreem range, says: "Our positioning of Brylcreem Black has firmly established it as a key player in male grooming. Brylcreem's position as the leading men's hairdressing has never been seriously challenged and we have successfully built on this reputation in creating a co-ordinated, synergistic range



totally in accord with the fashionable young male's grooming aspirations."

Mr Sully points out that the range is constantly under review, with ongoing improvements to ensure that Brylcreem Black is always right there in this fast-moving market.

He sees the pharmacist playing an important role by identifying and responding to this increasingly segmented market. While male toiletries in the past have been loosely defined as covering items such as shaving products (including aftershaves and colognes), deodorants and male specific hairdressings, it now encompasses a much wider spectrum that includes skincare as well as bath and shower

grooming.

Preferences for specific formulations are also important to note. Mousses, fixing sprays and styling gels are enjoying phenomenal growth as the target users strongly favour the ease and control of use of these products — either for grooming

products. While this certainly broadens the potential, for the pharmacist it can create confusion in identifying which sectors are in decline and which are growing.

'Fine' sector grows

Fine fragrances are certainly a growth area as consumers move up away from mass market aftershaves and colognes. The "mass market" sector, in which Brylcreem Black is positioned, also represents an extremely buoyant sector. A significant trend to note is that, as the increase in self-purchase continues, there is a growing preference for co-ordinated, more specialist, ranges that offer consumers a complete package of total hair and body



or for cleansing. Shower gels, for instance, are currently the fastest-growing sector within the buoyant bath additives market, showing a 28 per cent year on year growth*, especially among younger users.

Not surprisingly, sterling share continues to grow for the Brylcreem Black shower gel, body spray (the body spray sector has growth £17 per cent yoy*) and anti-perspirant spray. "We are also seeing substantial growth in haircare, where we have always been strong," Jonathan Sully adds.

Packs of lions?

First impressions are important! Impactful packaging design is vital, even, in this growing,

increasingly-fragmented market. The immediate impression of Brylcreem Black is its strongest statement of being right in the forefront of the male toiletries mass market. Strong and stylish graphics and design combine to give it considerable on-shelf impact while visually reinforcing the product claims. The famous "Brylcreem lion" forms a grey background, against black for the Brylcreem logo and product description across the range, while body and hair products are distinguished by green and red lettering respectively.

Display is key, Jonathan Sully believes, for the pharmacist to make the most of this market. Displaying complete ranges together — similar to the way in

which women's ranges are displayed — will encourage add-on purchase. Display definition by price, instead of a jumble of toiletries that includes fine fragrances to mass market aftershaves, will also help direct the potential purchaser. But, above all, says Jonathan Sully, the pharmacist's knowledge of the brands is the most important aspect as he helps guide his customer to the right choice.

Male performers!

Men are no longer the passive recipients and indifferent users of toiletries purchases for them. They know exactly what they want and are not prepared to use "just any old" item anymore. "Performance equals

success," Jonathan Sully declares. "Brylcreem Black's new advertising campaign stresses that the products work. We strongly believe that this is the main reason why Brylcreem Black performs so outstandingly in this demanding market and we plan to build on this success right through 1992 by maintaining the high profile support we have always given Brylcreem Black as well as creating products that meet the needs of today's consumer." The Brylcreem Black range is manufactured by SmithKline Beecham Health & Personal Care UK, 5B House, Great West Road, Brentford TW8 9BD. Tel: 081-560 5151.

* Source: Nielsen Nov/Dec yoy 1991



Glasgow locum pharmacist Anne Knox considers the advantages of providing a reliable service for drug addicts, asks whether we are becoming less tolerant towards the sick, and discusses the standard of toilets in our pharmacies

When different is wrong...

Consider these lines written some 200 years ago by Robert Burns as a prologue to his "Address to the unco guid, or the rigidly righteous":

My son, these maxims make a rule,
And lump them aye
thegither:
The rigid righteous is a fool,
The rigid wise anither.
(His version of Eccles. vii, 16)

There used to be a whiff of brimstone in the West of Scotland. "I know what's right" was a reason for damning the different as wrong, the poor as feckless, the alcoholics as spineless. Television brought a glimpse of different ways of life into the sitting room, there were holidays abroad, trips to relations in the States. The old folks' lunch club thoroughly enjoyed the special lunch provided by the mosque next door. Maybe our blinkers were coming off.

It did seem possible, until one of the dispensing assistants, a kindly lady full of good deeds, complained bitterly about the cost of drug therapy for one of our AIDS patients. It was paid from our taxes, it only kept him alive a few months longer without curing him, and he wasn't one of the innocent victims like the haemophiliacs. She didn't go so far as to say "he asked for it": she didn't have to.

Once this attitude has been made so explicit, little echoes of it, previously unnoticed, all begin to reverberate. If you take the idea to its logical conclusion, each patient should receive only the treatment he deserves. If money is running short, it should be spent on deserving cases. To some extent this is happening already, with the choice of patients for dialysis and transplants, but if we begin to apply the concept of merit as a basis for treatment, are we not walking into a moral morass?

If we assume that a patient has exceeded his quota of black marks, and therefore forfeited his right to expensive drug therapy, is he to be given some cheap palliative treatment to allow him to die comfortably and not too slowly? Different is becoming wrong again, and the brimstone is back in the air.



One act play

The place: Small independently owned pharmacy in the kind of urban area where less than 5 per cent of forms are subject to charges. The recommendations regarding area of dispensary and private consulting space are a delightful dream, demanding probably more cash (and certainly more tolerance of upheaval) than can be expected from the owner who still works there five days a fortnight, in spite of having been on the register for more than 50 years.
The time: Five minutes before closing.

Dramatis personae:

Pharmacist, who has been on the Register for more than 30 years, enough of them spent in the area to know the clientele.
Counter assistant, tempered by years of living in the area, and the occasional evening stints in a local pub.

Drug addict, known to us for years, not one of the juveniles, a man old enough to have a wife and child.

Man from the burglar alarm firm, who has just pronounced the death sentence on our alarm with its present control panel. Enter the addict, bearing familiar blue form from drug clinic. "Not too late, am I?"

"Not quite, the shutter wasn't down," replies the pharmacist.

"Can I have the week's supply in one go?" asks the addict.

"Come off it, you can read these things as well as I can. It says 'dispense daily.'"

"I'll have to have a word with that doctor."

"You do that. I just give you what he asks for," says the pharmacist, exiting to prepare the addict's daily ration, and also to dispense tranquillisers for another customer who is standing with his ears flapping. The burglar alarm man is in the dispensary, looking for the appropriate form for authorising a new control panel.

"I'll hang around till he goes, if you like," he volunteers.

"It's OK, he's no bother — just don't announce that the alarm won't be working tonight!" jokes the pharmacist.

In the meantime the addict is making small talk with the counter assistant: "I'm up in court next week anyway — probably get five years this time."

"What have you been up to now?" asks the assistant.

"We done a chemist on the corner of Dumbarton Road — all nice and calm — no aggro — but they never gave us nothing and we got nicked."

"All nice and calm, indeed! I'd probably have a nervous breakdown and end up in hospital — and it would be all your fault!"

"No, no. We didn't threaten them nor nothing — not really," the addict says, adding morosely, "and her due out in a day or two."

"What's she in for this time?" the assistant asks.

"Just shoplifting."

The pharmacist emerges from the dispensary. "Here's today's ration. See you tomorrow, I suppose. Sorry about her brother."

"Aye, it was in the *Times* — and they got it all wrong — inside the last 24 hours! — it was last week, we've had the funeral service," the addict says.

"Doesn't it make you stop to think? It might be you dead in a pub lavatory the next time," warns the pharmacist.

"Not me, I'm careful what I use — you know that — look at me going to the Rehab clinic."

"And buying needles at the same time," chimes in the assistant.

"They're not for me," says the addict.

"Who are you kidding!" chorus the other two together.

"At least you come in with a prescription. We keep wondering how long it'll be before someone comes in to try getting drugs the other way," adds the pharmacist.

"It wouldn't be the locals. Some chemists treat you like dirt, but you're all right — never heard any of the boys getting treated bad here," says the addict reassuringly. He leaves, followed by the man from the alarm company, who remarks on the useful compliment we've just been given. We hope it's a unanimous vote of approval.

Nothing like the bog standard...

You wouldn't think it possible to spend more than a decade as locum pharmacist in an urban area before working for the first time in a modern purpose-built health centre, but it can happen. You might also think that the spacious layout would be something of a shock after years of working in dispensaries where new drugs have been slotted in wherever there happened to be a space, and any initial logic is lost as packaging keeps changing.

It is pleasant to work in a strange place where drugs are where you might expect to find them for once, instead of spending a whole day working with some plodding computer, often the only useful function you can fulfil, since you have no chance of finding anything in the clutter of drawers and shelves. But the striking difference has nothing to do with pharmacy. It's the toilet facilities!

In my old pharmacy we had a choice: use the outside toilet or nip upstairs to the house. With growing prosperity we acquired an extra toilet in the basement.

That was an improvement on my first Saturday job in a pharmacy where there was a key hanging on a hook in the back shop. You took the key and a torch, went into the closet, opened a door and descended into the catacombs under the old tenements. If you were quiet and put out the torch, the rats soon began to scuttle round.

Only last month, I found a pharmacy which still had a toilet in the closet — at least it wasn't subterranean. It was a degree better than one which appeared to have been bombed. The owner having been told that the ventilation was not up to standard, he knocked a chunk out of the ceiling, leaving a black hole between the remains of the ceiling and the floor of the flat.

But the health centre had a real ladies' room, complete with hot water. For the luxury of a real ladies' room I'd go back to the Health Centre any day, even if their computer program does lack the useful function of drug interactions.

Having to refer to the BNF is a small price to pay for the comfort of running hot water!

Chemist & Druggist 28 MARCH 1992



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Businessnews

All change at Unichem as Dodd names successor

Outgoing Unichem chief executive Peter Dodd has confirmed his intention to step down at Unichem's AGM on May 13. But he told **C&D**: "I will remain chief executive until the moment I walk through the door".

Mr Dodd said his successor would be Jeff Harris the finance director appointed deputy chief executive last September. The company plan to appoint a new finance director.

Announcing the company's annual results at a lunch for the Press at the Gavroche, the chief executive designate paid tribute to Mr Dodd:

"Peter has shaped this industry for over two decades. He took over Unichem as a near bankrupt business, a poor fifth in the industry, and built it into the industry leader.

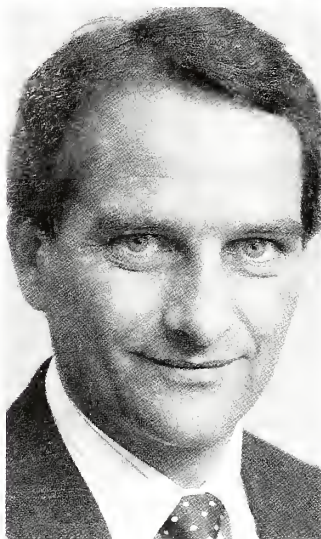
"Peter's strength has not just been his tremendous commercial success but also in the strong management team which I shall inherit.

"Do not expect to see any sudden shifts of direction following the change of chief executive. When an engine is running as smoothly as ours is, you do not rebuild it".

Mr Harris said Unichem has had an excellent year, "despite the recession".

The unaudited figures show sales up 5.4 per cent, from £873m to £920m last year. Pre-tax profits show a 30 per cent rise, from £16.4m to £21.4m.

This has been aided by interest payments falling from £3.8m in 1990 to £2.3m in 1991 and interest receipts rising from £980,000 to over £2m. Without this, the operating profit is up by a more



Chief executive designate Jeff Harris and (below) the outgoing Peter Dodd



modest 12 per cent, to £21.7m.

Mr Harris said the earnings per share increase of 10 per cent was a good measure of the success of the business.

"The company's operating margins have improved despite the change in the sales mix away from OTC sales. Our automation programme continues; we are now up to four automats, giving better efficiencies, more accuracy and quicker assembly."

Sales up 5.4pc to £920m

Pre-tax profit up 30pc to £21.4m

Earnings per share up 10pc to 13.6p

Final dividend up 120pc to 3.3p

Mr Harris outlined his strategy for the company. "I want to see us expanding wholesale business in the UK and overseas. In the UK there will be few opportunities to expand by acquisition, so we must expand organically.

"Overseas we are committed to developing our associations with colleagues in the largest wholesalers in the major northern European markets. Also, we shall look to make smaller acquisitions in some other European markets.

"Retail is now our second core activity and will be expanded from its present size of around 150 shops". However, he said there will be no let-up in Unichem's financial support to independent pharmacy, or loss of interest in the franchise programme.

Unichem have announced a final dividend of 3.3p to make a total of 5p for the year.

• The company has announced it is no longer interested in bidding for Macarthy.

Pierre Fabre launch health division

The French cosmetics company Pierre Fabre has launched a new healthcare division.

Pierre Fabre Health Care will initially market Eludril mouthwash and spray, and Elgydium toothpaste and toothbrushes. However, the company says other professional and pharmacy dental products will be launched during the course of the year.

Michael Buckley is the national sales manager of the division's new sales team while the brand manager is Jean-Christophe Lesbros. The healthcare products will be available through wholesalers from April.

The cosmetics will continue to be sold directly to retail pharmacies through the company's cosmetics division, Pierre Fabre Cosmetique.

Lloyds deadline

The first closing date for Lloyds Chemists offer for Macarthy was yesterday. Anyone wanting to be certain of the cash alternative in the offer should have accepted by the Friday deadline, as, if the offer is extended, it does not have to include this option.

PI phoneline

Parallel imports and generics supplier Freeman Pharmaceuticals have installed a free phoneline for customers to place orders. The number is: 0800 212962.

Quest makes a move

Quest Vitamins Ltd have established a quality control laboratory and manufacturing facility at the Aston Science Park. Eventually the company plan to have sales, packaging and administration on the same site.



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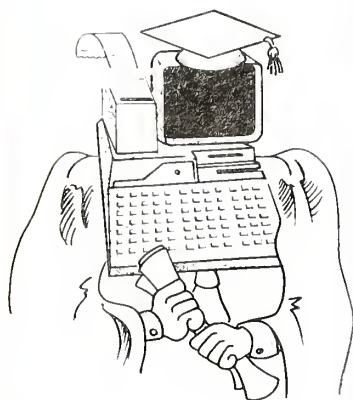
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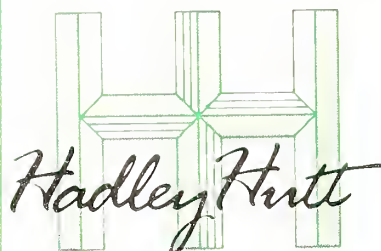
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Smith & Nephew helped by healthcare division

Preliminary results show Smith & Nephew's 1991 sales in the UK are flat, rising from £190.5m in 1990 to just £192.9m. However, sales of the group's healthcare products worldwide are up over 10 per cent to £618.8m.

Eric Kinder, the company's chairman, said: "1991 has been a year in which we have continued to build on our position as a leading worldwide healthcare group.

"Further organic development of our businesses will be achieved in 1992, notwithstanding the adverse recessionary influences in many countries."

Overall the company has achieved an 8.5 per cent increase in sales, while pre-tax profits remain virtually unchanged at £132.1m.

The balance sheet shows the operating profit down 2.7 per cent, from £139.4m in 1990 to £135.6m last year. But thanks to a reduction in net interest charges pre-tax profits show a very slight gain, up

from £132.1m to £132.4m.

Product innovations are said to be producing excellent results in the orthopaedic, arthroscopy and chronic wounds care ranges and activities concerned with surgeons' and speciality gloves, casting, bandaging and support are also performing well. Smith & Nephew say their strategy is to concentrate on a well-defined portfolio of products that sell worldwide.

Sales up 8.5pc to £792m

Pre-tax profit up 0.2pc to £132.4m

Earnings per share down 2pc to 9p

Dividend up 2pc to 4.44p

After correcting for acquisitions and disposals the company's underlying sales growth is around 9 per cent. However, a fall in margins in the UK, a reduction in intra-ocular lens reimbursement rates and adverse exchange rates had led to the flat pre-tax profit figure.

CBI detects High Street recovery

The CBI have interpreted their latest monthly distributive trades survey as showing signs of a modest recovery in the High Street over the past six months.

"There has clearly been an underlying increase in retail trade since the Summer of last year, but there are distortions in the annual comparison due to the severe weather a year ago," said Nigel Whittaker, chairman of the CBI's distributive trades panel.

To some extent the February figures for retail chemists reflect this optimism. They show 54 per cent with better sales than a year ago and the same percentage expecting an increase in March. However, the orders placed by High Street pharmacies remain conservative, with some 72 per cent ordering the same volumes as a year ago and expecting to do the same in March.

Pharmacists were not enthusiastic when asked their opinion on the volume of their sales. Around 54 per cent said they were "average" while 46 per cent regarded them as "poor" in February. Nobody said they were "good" and no-one was expecting good sales in March either.

Generally, the CBI's survey showed that stocks in retailing are still considered to be too high relative to expected sales.

Central Statistical office figures for producer prices in February show a 4.4 per cent annual rise in the output price index, which increased 0.4 per cent between January and February. The input price index rose by 0.5 per cent in the year to February and between January and February the

unadjusted index fell 0.4 per cent.

Consumer credit continues to fall, with a £60m decrease in consumer credit in January compared to a £20m fall in December.

Tatford drop RDS charges

Graham Tatford & Co have dropped their litigation against Retail Data Systems (RDS) on the basis that both sides pay their own costs. Tatfords had alleged that with the development of the Unipos point of sale system RDS infringed the copyright of Logaline Computer Systems (LCS), a Tatford subsidiary.

Two directors of RDS, Steve Dicken and Neil Austin, were employed by LCS and one of their responsibilities was the development of EPoS systems. The two men moved on to form RDS which developed the Unipos system.

An agreed statement says: "On September 26 writs were issued on behalf of LCS alleging that certain directors and employees of RDS had infringed intellectual property rights belonging to LCS during the development of the EPoS system known as Unipos. After due negotiation and inspection the dispute has been resolved to the satisfaction of both parties.

"The writs have therefore been withdrawn and Graham Tatford & Co state that they have no claims against RDS, its employees or directors, or their sole licensee, Unichem plc, in respect of the Unipos system."

BGMA highlights generic quality

Latest test results of medicines manufactured by members of the British Generics Manufacturers Association mean that more than two thirds of the Association's leading products have now been tested without revealing any defects or significant variation between each company's products.

Alan Smith, BGMA director, confirmed that all the Association's leading medicines will have been put through a programme of random, independent testing within the next six months. The voluntary tests, carried out by pharmacists from two regional health authority quality control laboratories, are more rigorous than those required by the British Pharmacopoeia.

BGMA members supply over 80 per cent of the UK market. Despite evidence of the quality of generics up to 30 per cent of doctors remain suspicious of generic prescribing on grounds of quality and consistency. Changing that perception is as important to the NHS as it is to the BGMA — each 1 per cent swing away from branded to generic prescribing is estimated to save the NHS £20 million, the Association says.

The samples tested were provided by APS, Berk Pharmaceuticals CP Pharmaceuticals, A.H. Cox, Evans Medical, Thomas Kerfoot and Norton Healthcare.

Top rank multiples

Some 20 pharmacy and drugstore multiples feature in the top 650 retail organisations in Britain. This is one of the most important conclusions of the Corporate Intelligence Group's *Retail Rankings 1992*.

Boots is seventh overall and first amongst chemist and drugstore chains, but does not feature on the list produced by CIG as it is classed as a mixed goods retailer in this survey.

Boots aside, the Superdrug parent company Kingfisher comes out tops with a turnover of £519.8m. They are followed by the Lloyds Chemists group turning over £350m, Macarthy with sales of £87.9m, the Body Shop (£74.6m) and NCCL (£53.2m).

Retail Rankings shows Lloyds to have been the most predatory, and Unichem and AAH also acquiring pharmacies.

For retailing generally the ten largest multiples accounted for more than one third of all retail sales last year. *Retail Rankings — 1992 edition*, The Corporate Intelligence Group, £160. Tel: 071-696 9006.

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SETON LEG BAGS 750ml long tube, ref 7671 (now 7664) 13 x 10, 50% + VAT + postage. Tel: 0482 51022.

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TRADE LESS 40% + VAT - 168 Questran A (July 93), 6 x 42 Questran (Aug 94), 2 x 120 Oplon (March 93). Tel: 0434 533047.

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EQUALAN WORMING PASTE expiry 5/92, £2.50 each + VAT, post paid. Tel: 0628 482241.

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KONICA 135-24 films. Long expiry dates, cost 99p/ film, bulk orders only. Similar to Kodak Gold. Tel: 0622 882386.

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PEPCID PM 40MG 2 x 28, 100 Prestim Forte, 84 Rifinah 150, 100 Sproctan 50mg. Trade less 50% + VAT. Tel: 0742 644455.

SIMPLA SHORT TUBE drainage bags, 20cm inlet tube, code 360801 S4. Trade less 50% + VAT. Tel: 071-724 8698.

LIBRAXIN TABS 6 x 100, expiry December '93. Reasonable offer. Tel: 081-504 2973.

TRADE LESS 50% - Bard Urplan bags DT150383 (DT5A + DT1501MT (DT55). Plenty in stock. 6 x 30 Clmmed Biotrol Elite 32-840 + 4 x 30 coloplast 32-540, 5 x 10 Simpla S4 bags. Tel: 0923 825288.

HOLLISTER 7483 - 9 boxes, Biotrol Integrale 15 boxes 32-435, All 50% trade plus VAT. Tel: 0502 515897.

TRADE LESS 40% - 9 x 28 Lasilactone, 2 x 15ml lube Hyporase 500mcg, Penmix 40/60 Penfills. Tel: 071-387 9585.

TRADE LESS 40% - Klorof-S, Conveen 5062, 5170, Dyspamet tabs 120 (end Mar 92), Distamine 50mg, Broxil 250mg caps, Ossopan sach, Suscard Buccal 3mg, Norflex, Frusene, Sustamycin, Exirel 10mg, Frolinax 20mg, Kemadrin inj 10mg, Simcare Uroflow std. Tel: 0942 875989.

WEST LONDON - 15 x 100 Ismelin 10mg, long expiry, 50% off trade. Buyer to collect. Ring 081-422 3905.

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About people

Vandalism and theft in Buckskin

Buckskin pharmacy in Eastleigh has suffered five incidents of robbery and vandalism over the past six months. The vandals have caused damage and stolen stock and cash to the value of £4,000.

"We have been here two years and had no trouble until last November," pharmacist Geoffrey Whitechurch told *C&D*. "Then we had a raid through the back door and the CD cupboard was stolen."

The thieves got away with the contents which included not only controlled drugs but the shop's float, "which was twice what it would normally be".

That robbery accounted for the largest of the business' five insurance claims — around £1,500. Since then the pharmacy has had both plate glass windows broken on separate occasions, the locks glued up and the seating of the main window damaged, and suffered another break-in where just two nappies were stolen.

"The business is not in a very solubrious area," said Mr Whitechurch. "We are next to a council estate which gets a lot of problem families. There are also a lot of socially deprived people, though they are mostly law-abiding".

"I would like more co-operation



Coventry pharmacist Kyle Brown was the lucky winner of the Benylin competition, featured in *Chemist & Druggist*. His prize is a holiday in Tenerife. Mr Brown impressed the judges with the following tie-breaker: "With every cough there's one objective, to find a relief that's truly effective. Be it adult or child, chesty or dry, the Benylin range offers something to try!" Mr Brown is pictured receiving his prize from Jim Cali, group product manager at Warner-Lambert Health Care

from the local police. When I contacted the local community police officer it took six to eight months for him to come and see me. "However, I accept the police do not have enough people to do the job."

Mr Whitechurch says he thinks "to a certain extent" he is going to have to learn to live with some crime, though a higher level of street lighting would help. "The council have put in one light, but it is still fairly dark here."

Mr Whitechurch said he has considered putting shutters up but the police don't think it's a good idea.

'Mr T' still going strong



Peter Tomlinson took on the lease of a new unit in Studfall Avenue, Corby on March 26, 1952. Forty years on he is still there, the only tenant to have survived since the development was built.

Mr T, as he is known locally, has expanded the business over the years into something of a family concern. Lynda Cosgrove, one of his four daughters, handles the administration, while her husband manages Help Lines next door. This enterprise started three years ago and specialises in products for less able people.

Sandwiched between the two businesses is Head Lines, a hairdressing salon fully fitted for "wheelchair people" and so far proving successful.

Mr T was given a surprise party on Tuesday. But there is no question of retirement yet!

APPOINTMENTS

Jean-Francois Labbé, managing director of Rousell Laboratories Ltd, is now also responsible for the north European zone of parent company Rousell Uclaf. He succeeds George Powderham in both posts.

Dennis Veasey has been appointed national accounts manager for Golden Lady UK. He joins the company after working with Johnson and Johnson.

June Crisp has been promoted to sales director at Gerrard House Ltd, after two years as sales and marketing manager. Ms Crisp is also managing director of subsidiary Amberwood.

H. Bronnley & Co has a new chairman and a new managing director. The chairman, **Ann Rossiter**, is the daughter of the former chairman, Hans Rossiter, who died this year after 50 years in the chair. Her grandfather founded the company. **John Sheppard** steps up from general manager to managing director.

John Davies is the newly appointed chairman of Lagap Pharmaceuticals Ltd. He will primarily be involved in the strategic development of Lagap's generics business.

The new sales director for OTC and ethicalicals at Charwell Pharmaceuticals is **Graham Ford**. **Christina Craik** has been promoted to product manager responsible for Migraleve, Aludrox, Stoppers and Isogel.

Deborah Millington is the new Vantage representative for the north eastern region. She will be based at the company's Gateshead branch.

Marc Burel has been appointed regional account manager (south) for Sun Nutritional Inc. he will be responsible for the Slim Fast range.

Coming events

Chiltern conference

The Chiltern regional conference is being held at the Thames Riviera Hotel, Maidenhead, on May 16-17.

There will be a reception and dinner on the Saturday, with the conference starting Sunday at 9.30am. Speakers will include Renee Myers (chair, Brent & Harrow FHSA), Noel Baumber (RPSGB Council member), Dr Jeanette Nash (Medical College of St Bartholomew's and the London Hospital), and Dr Peter Wilson (NW Thames RHA).

Tickets for the weekend are £50 and for the day £25. The conference is CPP accredited. Details from J.A. Hunt on 081-966 8257.

Tuesday, March 31

Durham Branch, RPSGB, at the Eden Arms Hotel, Rushyford, 8pm. "Tranquilliser withdrawal" by Dr C.H. Ashton, Newcastle University.

Wednesday, April 1

Sheffield Branch, RPSGB, at the Jessop Hospital for Women, 7.30 for 8pm. "Common paediatric problems" by Dr Chris Taylor, Sheffield Children's Hospital.

Advance information

Helfex International. Health food exhibition at the Wembley Conference and Exhibition Centre, London, on **April 26 (9.30am-6pm)** and **April 27 (9.30am-5pm)**. Details on 0483 426450.

Royal Pharmaceutical Society residential course on "Clinical trials: a wider perspective". **May 11-13**, Forte Crest Hotel, Guildford. Cost £760 (£790 non-members). Details from Dr J. Clements, RPSGB (tel: 017-735 9141 ext 289).

Shopex. Trade show for shopfitting and retail design market. **May 17-21** at Earls Court, London. Details from ID Exhibitions (tel: 0895 622233).

Afro Hair & Beauty Exhibition, at the Business Design Centre, Islington, London N1, **May 24-25 (10am-6.30pm)**. Entrance fee £7. Details from 081-801 7321.

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10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: not recommended. Note: 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0103 Gaviscon 250. Further information is available on request from: Reckitt & Colman Products, Dansom Lane, Hull HU8 7DS. ©Gaviscon is a registered trade mark.